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May 09 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 762086 (7)

1. Corporation Name
CAPTAIN'S HARBOR CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
12734-30 KENWOOD LANE FT MYERS FL 33907	12734-30 KENWOOD LANE FT MYERS FL 33907-5639

3. Date Incorporated or Qualified: 02/24/1982
3a. Date of Last Report: 05/01/1996

2. Principal Place of Business
C\O Marquis Management,Inc.
12661 New Brittany Blvd.
Fort Myers, Fl. 33907

2a. Mailing Address
C\O Marquis Management,Inc.
12661 New Brittany Blvd.
Fort Myers, Fl. 33907

4. FEI Number: 59-2443538 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

24 | 25 | 29 | 30

9. Name and Address of Current Registered Agent

MICHAEL FLEMING AND ASSOCIATES
12734 KENWOOD LN
STE 32
FT. MYERS FL 33907

10. Name and Address of New Registered Agent

81 Stilphen, Peter
82 Marquis Management, Inc.
83 12661 New Brittany Blvd.
84 Fort Myers, Fl. 33907
85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE Peter Stilphen PETER STILPHEN 1/20/97
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	HARTMANN, CHARLES		1.2 NAME		
STREET ADDRESS	7597 CAPTAINS HARBOR DR		1.3 STREET ADDRESS		
CITY-ST-ZIP	BOOKEELIA FL		1.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	GLUE, REX		2.2 NAME		
STREET ADDRESS	76601 CAPTAINS HARBOR DR		2.3 STREET ADDRESS		
CITY-ST-ZIP	BOOKEELIA FL		2.4 CITY-ST-ZIP		
TITLE	VPD	☒ DELETE	3.1 TITLE	D	☐ Change ☒ Addition
NAME	SCHMIDT, ROBERT		3.2 NAME	Savory Clint	
STREET ADDRESS	7585 CAPTAINS HARBOR DR.		3.3 STREET ADDRESS	7565 Captains Harbor Dr	
CITY-ST-ZIP	BOOKEELIA FL		3.4 CITY-ST-ZIP	Bookeelia FL 33922	
TITLE	S	☒ DELETE	4.1 TITLE	D	☐ Change ☒ Addition
NAME	GENTRY, MARBELLE		4.2 NAME	White Charles	
STREET ADDRESS	133 HAWTHORNE CT		4.3 STREET ADDRESS	7597 Captains Harbor D	
CITY-ST-ZIP	WYMISSING PA		4.4 CITY-ST-ZIP	Bokeelia FL 33922	
TITLE	TD	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	HUGHSON, MAX		5.2 NAME		
STREET ADDRESS	7597 CAPTAINS HARBOR DR		5.3 STREET ADDRESS		
CITY-ST-ZIP	BOOKEELIA FL		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (9/96)

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE [illegible] 1/20/97