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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1998**

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
%MARQUIS MANAGEMENT, INC 12661 NEW BRITTANY BLVD FT MYERS FL 33907 US	%MARQUIS MANAGEMENT, INC 12661 NEW BRITTANY BLVD FT MYERS FL 33907 US
c/o Marquis Management, Inc. 9400 Gladiolus Drive #100 Fort Myers, Fl. 33908 US	c/o Marquis Management, Inc. 9400 Gladiolus Drive #100 Fort Myers, Fl. 33908 US

3. Date Incorporated or Qualified: 02/24/1982

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

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

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

Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No

24 Zip | 25 Country | 29 Zip | 30 Country

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

STILPHEN, PETER
MARQUIS MANAGEMENT, INC
12661 NEW BRITTANY BLVD
FT. MYERS FL 33907

10. Name and Address of New Registered Agent

81 N Stilphen, Peter
82 S Marquis Management, Inc.
83 9400 Gladiolus Drive #100
84 C Fort Myers, FL 33908 US
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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD HARTMANN, CHARLES 7597 CAPTAINS HARBOR DR BOOKEELIA FL	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GLUE, REX 76601 CAPTAINS HARBOR DR BOOKEELIA FL	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	D REX BLUE	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SAVORY, CLINT P 7565 CAPTAINS HARBOR DR BOOKEELIA FL	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WHITE, CHARLES D 7597 CAPTAINS HARBOR DR BOOKEELIA FL	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD HUGHSON, MAX 7597 CAPTAINS HARBOR DR BOOKEELIA FL	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (10/97)

14. I 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: _____ Charles Hartmann Pres 3/4/98 9414547577
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #