2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 762086

FILED
Mar 08, 2000 8:00 am
Secretary of State
03-08-2000 90023 025 ****61.25

1. Entity Name

CAPTAIN'S HARBOR CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
%MARQUIS MANAGEMENT. INC 9400 GLADIOLUS DRIVE #100 FT MYERS FL 33908 US	%MARQUIS MANAGEMENT. INC 9400 GLADIOLUS DRIVE #100 FT MYERS FL 33908-6698 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

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

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
FLEMING, MICHAEL MARQUIS MANAGEMENT, INC 9400 GLADIOLUS DRIVE #100 FT. MYERS FL 33908	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25	9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees	**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD HARTMANN, CHARLES 7597 CAPTAINS HARBOR DR BOOKEELIA FL	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Gentry, Richard 7661 Captains Harbor Dr Bokeelia FL 33922	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FAULKNER, MICHAEL PO BOX 845 BOOKEELIA FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SAVORY, CLINT P 7565 CAPTAINS HARBOR DR BOOKEELIA FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FISHER, DALE PO BOX 847 BOOKEELIA FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD HUGHSON, MAX 7597 CAPTAINS HARBOR DR BOOKEELIA FL	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Bailey, Norm 7628 Captains Harbor Dr Bokeelia FL 33922	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (9/99)

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Michael Faulkner MICHAEL FAULKNER 3-3-00 941 283-1028
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #