2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 29, 2002 8:00 am
Secretary of State
03-29-2002 91429 017 ****61.25

0046840

DOCUMENT # 762086

1. Entity Name

CAPTAIN'S HARBOR CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
C/O PARAGON FINANCIAL SVS 8270 COLLEGE PARKWAY 104 FT MYERS FL 33919 US	C/O PARAGON FINANCIAL SVS 8270 COLLEGE PARKWAY 104 FT MYERS FL 33919 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
CONRAD, DEBBIE C/O PARAGON FINANCIAL SERVICES 8270 COLLEGE PARKWAY 104 FT MYERS FL 33919	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 FISCHER, DALE 16276 NAUTICAL WAY BOKEELIA FL 33922	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD WERLY, ROGER 7565 CAPTAINS HARBOR DRIVE #602 BOOKEELIA FL 33922	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD SAMPLE, LYNN 7597 CAPTAINS HARBOR DR BOOKEELIA FL 33922 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD FAULKNER, MICHAEL 7660 CAPTAINS HARBOR DR., #306 BOOKEELIA FL 33922	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD STICKLER, TED 7628 CAPTAINS HARBOR DR 405 BOOKEELIA FL 33922	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD BAILEY, NORM 7628 CAPTAIN HARBOR DR., #402 BOKEELIA FL 33922	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (9/01)

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: SIGNATURE REQUIRED Dale Fischer 3-12-02 941 2831753
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #