


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2005 8:00 am
Secretary of State

04-06-2005 90098 034 ****61.25

DOCUMENT # 762086			
1. Entity Name CAPTAIN'S HARBOR CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business C/O PARAGON FINANCIAL SVS 8270 COLLEGE PARKWAY 104 FT MYERS, FL 33919 US		Mailing Address C/O PARAGON FINANCIAL SVS 8270 COLLEGE PARKWAY 104 FT MYERS, FL 33919 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc. 8280 College Pkwy #103		Suite, Apt. #, etc. 8280 College Pkwy #103	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 59-2443538		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CONRAD, DEBBIE C/O PARAGON FINANCIAL SERVICES 8270 COLLEGE PARKWAY 104 FT MYERS, FL 33919		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 8280 College Pkwy #103 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE <u>Debbie Conrad</u>		DATE <u>3/31/05</u>	
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD FISCHER, DALE 16276 NAUTICAL WAY BOKEELIA, FL 33922 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD MCKEE, GLENN 7597 CAPTAINS HARBOR DR #1102 BOKEELIA, FL 33922 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FAULKNER, MICHAEL 7660 CAPTAINS HARBOR DR., #306 BOOKEELIA, FL 33922 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BEINING, STEVE 7532 CAPTAIN'S HARBOR DR. #706 BOKEELIA, FL 33922 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD STICKLER, TED 7628 CAPTAINS HARBOR DR 405 BOOKEELIA, FL 33922 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT STICKLER, TED 7828 CAPTAINS HARBOR DR #405 BOKEELIA, FL 33922 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD GREB, CHARLES 7661 CAPTAIN HARBOR DR., #1303 BOKEELIA, FL 33922 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SAMPLE, LYNN 7597 CAPTAINS HARBOR DR BOKEELIA, FL 33922 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: <u>Lynn Sample</u>		Date <u>3/25/05</u> Daytime Phone # <u>239-282-9432</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

40047001



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