

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 762086

FILED  
Mar 30, 2009  
Secretary of State

Entity Name: CAPTAIN'S HARBOR CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

C/O PARAGON FINANCIAL SVS  
8280 COLLEGE PARKWAY 103  
FT MYERS, FL 33919 US

**New Principal Place of Business:**

**Current Mailing Address:**

C/O PARAGON FINANCIAL SVS  
8280 COLLEGE PARKWAY 103  
FT MYERS, FL 33919 US

**New Mailing Address:**

FEI Number: 59-2443538      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CONRAD, DEBBIE  
C/O PARAGON FINANCIAL SERVICES  
8280 COLLEGE PARKWAY 103  
FT MYERS, FL 33919 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: VPD ( ) Delete  
Name: MCKEE, GLENN  
Address: 7597 CAPTAINS HARBOR DR #1102  
City-St-Zip: BOKEELIA, FL 33922

Title: SD ( ) Delete  
Name: BEINING, STEVE  
Address: 7532 CAPTAINS HARBOR DR #706  
City-St-Zip: BOOKEELIA, FL 33922

Title: P ( ) Delete  
Name: STICKLER, TED  
Address: 7828 CAPTAINS HARBOR DR #405  
City-St-Zip: BOOKEELIA, FL 33922

Title: TD ( ) Delete  
Name: SAMPLE, LYNN  
Address: 7597 CAPTAINS HARBOR DR #1101  
City-St-Zip: BOKEELIA, FL 33922

Title: VPD ( ) Delete  
Name: FISCHER, PEGGY  
Address: 16276 NAUTICAL WAY 1401  
City-St-Zip: BOKEELIA, FL 33922

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: VPD (X) Change ( ) Addition  
Name: WERLY, JUDY  
Address: 7564 CAPTAINS HARBOR DR #602  
City-St-Zip: BOKEELIA, FL 33922

Title: SD (X) Change ( ) Addition  
Name: EVA, ROBERT  
Address: 7533 CAPTAINS HARBOR DR #901  
City-St-Zip: BOOKEELIA, FL 33922

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LYNN SAMPLE

TD

03/30/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date