

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 24 PM 2:20

DOCUMENT # 762317 (6)

1. Corporation Name

CAPTAINS' QUARTERS OF ST. AUGUSTINE BEACH CONDOMINIUM ASSOC., INC.

Principal Place of Business

Mailing Address

1 DONDANVILLE RD.
ST. AUGUSTINE FL 32084

1 DONDANVILLE RD.
ST. AUGUSTINE FL 32084

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 03/08/1982	3a. Date of Last Report 03/16/1994
4. FEI Number 59-2217514	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~ROBINSON, PEGGY F.~~
1 DONDANVILLE RD.
ST AUGUSTINE FL 32084

81 Name DOUG RITCHEY
82 Street Address (P.O. Box Number is Not Acceptable) 1 DONDANVILLE ROAD
83 ST. AUGUSTINE
84 City FL 85 Zip Code 32084

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE Doug Ritchey (NOTE: Registered Agent signature required when reinstating) DOUG RITCHEY DATE MARCH 20, 1995

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD	NAME KELLY, CHARLES	STREET ADDRESS 4475 CHARTER POINT BLVD.	CITY-ST-ZIP JACKSONVILLE FL 32211
TITLE VD	NAME NADEAU, ROGER	STREET ADDRESS 9594 MARYCAMP RD.	CITY-ST-ZIP OCALA FL 32872
TITLE VD	NAME PEDONE, JANIE	STREET ADDRESS 849 SALZEDO AVE.	CITY-ST-ZIP ST AUGUSTINE FL 32084
TITLE TD	NAME JENSEN-LEE	STREET ADDRESS ONE DONDANVILLE ROAD, #440	CITY-ST-ZIP ST. AUGUSTINE FL 32084
TITLE D	NAME JENSEN-LEE	STREET ADDRESS ONE DONDANVILLE RD., #118	CITY-ST-ZIP ST AUGUSTINE FL 32084
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	TOM IVESTER
4.3 STREET ADDRESS	1 DONDANVILLE RD #307
4.4 CITY-ST-ZIP	ST. AUGUSTINE, FL 32084
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	JEAN PRICE
5.3 STREET ADDRESS	1 DONDANVILLE RD # 204
5.4 CITY-ST-ZIP	ST. AUGUSTINE, FL 32084
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 or in an attachment to this report.

SIGNATURE: Doug Ritchey DOUG RITCHEY Date 3-20-95 Daytona # 904 471 0712