

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

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

3. Date Incorporated or Qualified **03/08/1982** 3a. Date of Last Report **03/24/1995**

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	59-2217514	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
22	27		<input type="checkbox"/> \$5.00 May Be Added to Fees
City & State	City & State	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>
23	28	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Zip	Country	24	25
29	30		

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
RITCHEY, DOUG 1 DONDANVILLE RD. ST AUGUSTINE FL 32084		81 Name	FILES, DONALD R.
		82 Street Address (P.O. Box Number is Not Acceptable)	1 DONDANVILLE ROAD
		83	ST. AUGUSTINE, FL
		84 City	FL
		85 Zip Code	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE *Donald R. Files* **DONALD R. FILES, MANAGER** 4/12/96

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KELLY, CHARLES	1.2 NAME	FLANAGAN, THERESA
STREET ADDRESS	4475 CHARTER POINT BLVD.	1.3 STREET ADDRESS	ONE DONDANVILLE ROAD, #217
CITY-ST-ZIP	JACKSONVILLE FL 32211	1.4 CITY-ST-ZIP	ST. AUGUSTINE, FL 32084
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NADEAU, ROGER	2.2 NAME	GRANT, IRA
STREET ADDRESS	9594 MARYCAMP RD.	2.3 STREET ADDRESS	3643 FLAKEFORD WAY
CITY-ST-ZIP	OCALA FL 32672	2.4 CITY-ST-ZIP	MARIETTA, GA 30062
TITLE	VD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PEDONE, JANIE	3.2 NAME	
STREET ADDRESS	949 SALZEDO AVE.	3.3 STREET ADDRESS	
CITY-ST-ZIP	ST AUGUSTINE FL 32084	3.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	4.1 TITLE	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	IVESTER, TOM	4.2 NAME	BENNETT, SHIRLEY
STREET ADDRESS	ONE DONDANVILLE RD #307	4.3 STREET ADDRESS	ONE DONDANVILLE ROAD, #320
CITY-ST-ZIP	ST. AUGUSTINE FL	4.4 CITY-ST-ZIP	ST. AUGUSTINE, FL 32084
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PRICE, JEAN	5.2 NAME	
STREET ADDRESS	ONE DONDANVILLE RD., #118	5.3 STREET ADDRESS	
CITY-ST-ZIP	ST AUGUSTINE FL	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	188881798861
STREET ADDRESS		6.3 STREET ADDRESS	-04/29/96--01031--008
CITY-ST-ZIP		6.4 CITY-ST-ZIP	***61.25

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 119.07(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 if changed, or on an attachment with an address.

SIGNATURE: *Theresa M. Flanagan* **THERESA M. FLANAGAN** 4/9/96 (904)461-8484

CR2E037 (12/95)