

FILE NOW: FILING FEE IS \$61.25

FILED

May 06 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 762317 (6)**

1. Corporation Name  
**CAPTAINS' QUARTERS OF ST. AUGUSTINE BEACH CONDOMINIUM ASSOC., INC.**

Principal Place of Business <b>1 DONDANVILLE RD. ST. AUGUSTINE FL 32084</b>	Mailing Address <b>1 DONDANVILLE RD. ST. AUGUSTINE FL 32084-7475</b>
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>03/08/1982</b>	3a. Date of Last Report <b>04/27/1996</b>
21	22	23	24	25	26
5. Certificate of Status Desired <input type="checkbox"/>		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

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

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input type="checkbox"/> DELETE		1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FLANAGAN, THERESA			1.2 NAME			
STREET ADDRESS	ONE DONDANVILLE ROAD #217			1.3 STREET ADDRESS			
CITY-ST-ZIP	ST AUGUSTINE FL 32084			1.4 CITY-ST-ZIP			
TITLE	VD	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	GRANT, IRA			2.2 NAME	NADEAU, ROGER		
STREET ADDRESS	3843 BLAKEFORD WAY			2.3 STREET ADDRESS	1 DONDANVILLE ROAD #114		
CITY-ST-ZIP	MARIETTA GA 30062			2.4 CITY-ST-ZIP	ST. AUGUSTINE, FL 32084		
TITLE	VD	<input checked="" type="checkbox"/> DELETE		3.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	PEDONE, JANIE			3.2 NAME	PEARCE, DOROTHY		
STREET ADDRESS	949 SALZEDO AVE.			3.3 STREET ADDRESS	9252 SAN JOSE BLVD. #2504		
CITY-ST-ZIP	ST AUGUSTINE FL 32084			3.4 CITY-ST-ZIP	JACKSONVILLE, FL 32257		
TITLE	TD	<input checked="" type="checkbox"/> DELETE		4.1 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	BENNETT, SHIRLEY			4.2 NAME	GRANT, IRA		
STREET ADDRESS	ONE DONDANVILLE RD #320			4.3 STREET ADDRESS	3643 BLAKEFORD WAY		
CITY-ST-ZIP	ST. AUGUSTINE FL 32084			4.4 CITY-ST-ZIP	MARIETTA, GA 30062		
TITLE	D	<input checked="" type="checkbox"/> DELETE		5.1 TITLE	D	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	PRICE, JEAN			5.2 NAME	BENNETT, SHIRLEY		
STREET ADDRESS	ONE DONDANVILLE RD., #118			5.3 STREET ADDRESS	1 DONDANVILLE RD. #320		
CITY-ST-ZIP	ST AUGUSTINE FL			5.4 CITY-ST-ZIP	ST. AUGUSTINE, FL 32084		
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

14. I do 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 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 \_\_\_\_\_

CR2E037 (9/96)