

FILE NOW: FILING FEE IS \$61.25

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**Feb 06 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham 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 1 DONDANVILLE RD. ST. AUGUSTINE FL 32084	Mailing Address 1 DONDANVILLE RD. ST. AUGUSTINE FL 32084
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3. Date Incorporated or Qualified 03/08/1982	
4. FEI Number 59-2217514	Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	30
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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. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**FILES, DONALD R
1 DONDANVILLE RD.
ST AUGUSTINE FL 32084**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	FLANAGAN, THERESA	
STREET ADDRESS	ONE DONDANVILLE ROAD #217	
CITY-ST-ZIP	ST AUGUSTINE FL 32084	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	NADEAU, ROGER	
STREET ADDRESS	1 DONDANVILLE RD., #114	
CITY-ST-ZIP	ST. AUGUSTINE FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	PEARCE, DOROTHY	
STREET ADDRESS	9525 SAN JOSE BLVD., #2504	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	GRANT, IRA	
STREET ADDRESS	3653 BLAKEFORD WAY	
CITY-ST-ZIP	MARIETT GA	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BENNETT, SHIRLEY	
STREET ADDRESS	1 DONDANVILLE RD., #320	
CITY-ST-ZIP	ST. AUGUSTINE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	MAYO, WAYNE	
1.3 STREET ADDRESS	14128 FONTINE ROAD	
1.4 CITY-ST-ZIP	JACKSONVILLE, FL 32084	
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	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	TESTONI, ERNEST	
4.3 STREET ADDRESS	1 DONDANVILLE ROAD, #116	
4.4 CITY-ST-ZIP	ST. AUGUSTINE, FL 32084	
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	WINSTEAD, SHERRY	
5.3 STREET ADDRESS	1 DONDANVILLE ROAD, #112	
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 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: *Sherry Winstead* **SIGNATURE REQUIRED** DATE: **1/28/98**

Daytime Phone # 0001466

CR2E037 (10/97)