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Apr 27, 1999 8:00 am
Secretary of State

04-27-1999 90192 019 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 762317

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

433538 - 90192 - 19

Principal Place of Business Mailing Address
 1 DONDANVILLE RD. 1 DONDANVILLE RD.
 ST. AUGUSTINE FL 32084 ST. AUGUSTINE FL 32084



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21 Suite, Apt #, etc.	26 Suite, Apt. #, etc.	03/08/1982
22 City & State	27 City & State	4. FEI Number
23 Zip	28 Zip	59-2217514
24 Country	29 Country	Applied For
	30	Not Applicable
9. Name and Address of Current Registered Agent		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
10. Name and Address of New Registered Agent		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

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

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	FL
83	
84 City	

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (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	MAYO, WAYNE	1.2 NAME	
STREET ADDRESS	14128 TONTINE RD	1.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32084	1.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NADEAU, ROGER	2.2 NAME	
STREET ADDRESS	1 DONDANVILLE RD., #114	2.3 STREET ADDRESS	
CITY-ST-ZIP	ST. AUGUSTINE FL	2.4 CITY-ST-ZIP	
TITLE	VD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PEARCE, DOROTHY	3.2 NAME	VD <i>Theresa M. Flanagan</i>
STREET ADDRESS	9525 SAN JOSE BLVD., #2504	3.3 STREET ADDRESS	FLANAGAN, THERESA
CITY-ST-ZIP	JACKSONVILLE FL	3.4 CITY-ST-ZIP	1 DONDANVILLE RD., #217
TITLE	TD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TESTONI, ERNEST	4.2 NAME	
STREET ADDRESS	1 DONDANVILLE RD #116	4.3 STREET ADDRESS	
CITY-ST-ZIP	ST AUGUSTINE FL 32084	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WINSTEAD, SHERRY	5.2 NAME	
STREET ADDRESS	1 DONDANVILLE RD #112	5.3 STREET ADDRESS	
CITY-ST-ZIP	ST. AUGUSTINE FL 32084	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	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, with all other like empowered.

SIGNATURE: *Theresa M. Flanagan* THERESA M. FLANAGAN - 4/26/99
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)