

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 09, 2000 8:00 am
Secretary of State

05-09-2000 90105 009 ****61.25

DOCUMENT # 762317

1. Entity Name
CAPTAINS' QUARTERS OF ST. AUGUSTINE BEACH CONDOM

Principal Place of Business 1 DONDANVILLE RD. ST. AUGUSTINE FL 32084	Mailing Address 1 DONDANVILLE RD. ST. AUGUSTINE FL 32084-7475
--	---



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 59-2217514		Applied For <input checked="" type="checkbox"/> Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
City & State		City & State		Zip		Country	

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent							
FILES, DONALD R 1 DONDANVILLE RD. ST AUGUSTINE FL 32084				Name							
				Street Address (P.O. Box Number is Not Acceptable)							
				City				FL		Zip Code	

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW:
FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	PD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MAYO, WAYNE			NAME			
STREET ADDRESS	14128 TONTINE RD			STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE FL 32084			CITY-ST-ZIP			
TITLE	VD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	NADEAU, ROGER			NAME			
STREET ADDRESS	1 DONDANVILLE RD., #114			STREET ADDRESS			
CITY-ST-ZIP	ST. AUGUSTINE FL			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	FLANAGAN, THERESA			NAME			
STREET ADDRESS	1 DONDANVILLE ROAD, #217			STREET ADDRESS			
CITY-ST-ZIP	ST AUGUSTINE FL 32084			CITY-ST-ZIP			
TITLE	TD	<input checked="" type="checkbox"/> Delete		TITLE	KING, PETER, TREASURER	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	TESTONI, ERNEST			NAME	1 DONDANVILLE RD. #306		
STREET ADDRESS	1 DONDANVILLE RD #116			STREET ADDRESS	ST. AUGUSTINE, FL		
CITY-ST-ZIP	ST AUGUSTINE FL 32084			CITY-ST-ZIP	32084		
TITLE	D	<input checked="" type="checkbox"/> Delete		TITLE	SECRETARY	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	WINSTEAD, SHERRY			NAME	LOUISE WARIS		
STREET ADDRESS	1 DONDANVILLE RD #112			STREET ADDRESS	1 DONDANVILLE RD. #101		
CITY-ST-ZIP	ST. AUGUSTINE FL 32084			CITY-ST-ZIP	ST. AUGUSTINE, FL 32084		
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED** *Theresa Flanagan* 4/27/00 904 471-071x
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

695/2001/9/99