

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2006 8:00 am
Secretary of State

03-31-2006 90018 043 ****61.25

DOCUMENT # 762317

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



Principal Place of Business
 1 DONDANVILLE RD.
 SAINT AUGUSTINE, FL 32080

Mailing Address
 1 DONDANVILLE RD.
 SAINT AUGUSTINE, FL 32080

00001000



03162006 No Chg-NP CR2E037 (11/05)

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4. FEI Number 59-2217514	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GAY, JEFFREY
 1 DONDANVILLE RD.
 SAINT AUGUSTINE, FL 32080

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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Jeffrey Gay DATE: 3-25-06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by May 1, 2006

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	MAYO, WAYNE
STREET ADDRESS	1 DONDANVILLE RD #212
CITY-ST-ZIP	SAINT AUGUSTINE, FL 32080
TITLE	T
NAME	TES TONI, MICHAEL
STREET ADDRESS	1 DONDANVILLE RD #116
CITY-ST-ZIP	SAINT AUGUSTINE, FL 32080
TITLE	PD
NAME	BREY, ARDEN
STREET ADDRESS	1830 WATERBURY LANE
CITY-ST-ZIP	SAINT AUGUSTINE, FL 32080
TITLE	V
NAME	PEDONE, MONTE
STREET ADDRESS	1 DONDANVILLE #302
CITY-ST-ZIP	SAINT AUGUSTINE, FL 32080
TITLE	SD RD
NAME	VAUGHN, CAROL
STREET ADDRESS	1 DONDANVILLE RD #108
CITY-ST-ZIP	SAINT AUGUSTINE, FL 32080
TITLE	SD
NAME	Ann K Casella
STREET ADDRESS	1 DONDANVILLE RD #102
CITY-ST-ZIP	SAINT AUGUSTINE, FL 32080

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Jeffrey Gay Jeffrey Gay DATE: 3-26-06 DAYTIME PHONE #: 904-471-0712
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR