

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 762317

FILED
Apr 29, 2008
Secretary of State

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

Current Principal Place of Business:

1 DONDANVILLE RD.
SAINT AUGUSTINE, FL 32080

New Principal Place of Business:

Current Mailing Address:

1 DONDANVILLE RD.
SAINT AUGUSTINE, FL 32080

New Mailing Address:

FEI Number: 59-2217514 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ARNOLD, RICHARD
1 DONDANVILLE RD.
SAINT AUGUSTINE, FL 32080 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MAYO, WAYNE
Address: 1 DONDANVILLE RD #212
City-St-Zip: SAINT AUGUSTINE, FL 32080

Title: T () Delete
Name: TES TONI, MICHAEL
Address: 1 DONDANVILLE RD #116
City-St-Zip: SAINT AUGUSTINE, FL 32080

Title: RD () Delete
Name: VAUGHN, CAROL
Address: 1 DONDANVILLE RD #108
City-St-Zip: SAINT AUGUSTINE, FL 32080

Title: SD () Delete
Name: CASELLA, ANN K
Address: 1 DONDANVILLE RD #102
City-St-Zip: SAINT AUGUSTINE, FL 32080

Title: V () Delete
Name: NADEAU, ROGER
Address: 143 BAHIA TRACE
City-St-Zip: SILVER SPRINGS, OCALA, FL 34470

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: PEDONE, MONTE
Address: 1 DONDANVILLE RD #302
City-St-Zip: SAINT AUGUSTINE, FL 32080

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: RD (X) Change () Addition
Name: VAUGHN, THOMAS
Address: 1 DONDANVILLE RD #108
City-St-Zip: SAINT AUGUSTINE, FL 32080

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MONTE PEDONE

PRES

04/29/2008

Electronic Signature of Signing Officer or Director

Date