

# 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