

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **CAPTAINS Quarters Property OWNERS ASSN. INC.**
770810
9141 LAKE DR.
Engelwood FL 34224-8906

Principal Place of Business: **Same**
Mailing Address: **Same**

3. Date Incorporated or Qualified
3a. Date of Last Report: **MAR 95**
4. FEI Number: **59-2357417**
Applied For: Not Applicable
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business
21. Suite, Apt. #, etc.
22. City & State
23. Zip
24. Country
2a. Mailing Address
26. Suite, Apt. #, etc.
27. City & State
28. Zip
29. Country
30. Country

9. Name and Address of Current Registered Agent
LLOYD F ELFNER
65 CONNIE DR
Crawfordville, FL 32327

10. Name and Address of New Registered Agent
B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City
B5 Zip Code: **FL**

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: **Lloyd F Elfner** (NOTE: Registered Agent signature required when reinstating)
Title: **Treasurer**
Date: **4-8-96**

12. OFFICERS AND DIRECTORS
TITLE: **Pres**
NAME: **JOHN KAZAKIAN** DELETE
STREET ADDRESS: **8176 Roberts**
CITY-ST-ZIP: **Engelwood FL 34224**
TITLE: DELETE
NAME: DELETE
STREET ADDRESS: DELETE
CITY-ST-ZIP: DELETE
TITLE: DELETE
NAME: DELETE
STREET ADDRESS: DELETE
CITY-ST-ZIP: DELETE
TITLE: DELETE
NAME: DELETE
STREET ADDRESS: DELETE
CITY-ST-ZIP: DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE: Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
2.1 TITLE: Change Addition
2.2 NAME: **Treasurer**
2.3 STREET ADDRESS: **Lloyd F ELFNER**
2.4 CITY-ST-ZIP: **65 CONNIE DR**
Crawfordville, FL 32327
3.1 TITLE: Change Addition
3.2 NAME: **Secretary**
3.3 STREET ADDRESS: **Fred ROSCA # 103**
3.4 CITY-ST-ZIP: **9141 LAKE DR**
Engelwood FL 34224
4.1 TITLE: Change Addition
4.2 NAME: **Asst. Treasurer**
4.3 STREET ADDRESS: **Robert F ELFNER**
4.4 CITY-ST-ZIP: **9141 LAKE DR #101**
Engelwood, FL 34224
5.1 TITLE: Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

000001797500
04/29/96 01021-018
***61.25

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 in an attachment with an address.
SIGNATURE: **Lloyd F Elfner**
Date: **4-8-96**
Daytime Phone #: **9049265133**
Treasurer **542-2696**

CR2E037 (12/95)