## 2000 UNIFORM BUSINESS REPORT (UBR)

## **DOCUMENT # 770810**

Zip

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ELFNER, LLOYD F. 65 CONNIE DR.

CRAWFORDVILLE FL 32327

FILE NOW:

FEE IS \$61.25

Kazakian, John

ELFNER, LLOYD F.

9141 LAKE DR #103

ELFNER, ROBERT

9141 LAKE DR #101

ENGELWOOD FL 34224

ENGELWOOD FL 34224

65 CONNIE DR

ROSSA, FRED

ENGLEWOOD FL 34224

CRAWFORDVILLE FL 32327

8176 ROBERTS

## CAPTAIN'S QUARTERS PROPERTY OWNERS ASSOCIATION,

Country

6. Name and Address of Current Registered Agent

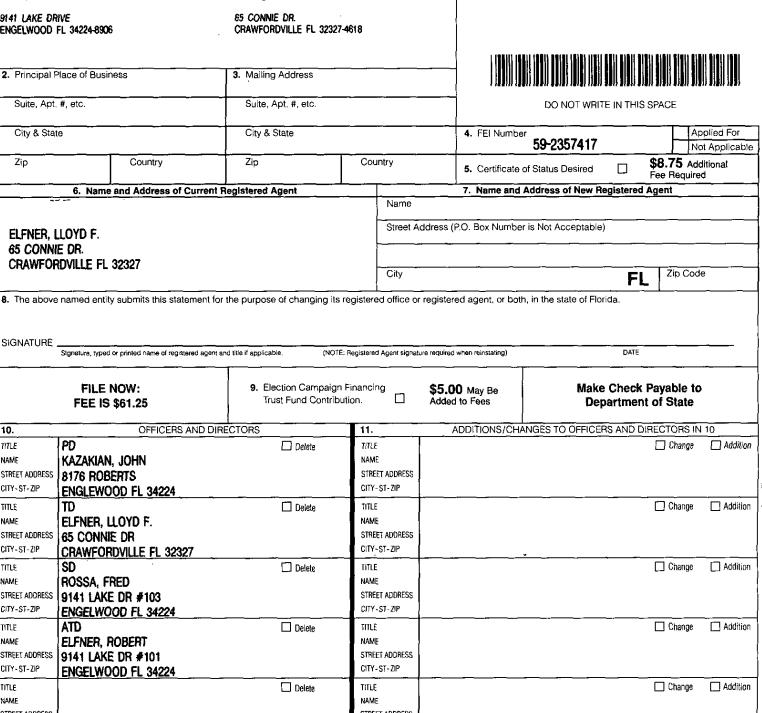
Signature, typed or printed name of registered agent and title if applicable

OFFICERS AND DIRECTORS

Principal Place of Business Mailing Address 9141 LAKE DRIVE 65 CONNIE DR. CRAWFORDVILLE FL 32327-4618 ENGELWOOD FL 34224-8906 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State

## FILED Jan 18, 2000 8:00 am Secretary of State

01-18-2000 90063 005 \*\*\*\*61.25



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. changed, or on an attachment

CITY-ST-ZIP

Country

Name

City

11.

TITLE

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NAME STREET ADDRESS

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NAME

NAME STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

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CITY-ST-ZIP TITLE

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9. Election Campaign Financing

Trust Fund Contribution.

☐ Delete

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SIGNATURE

☐ Addition