


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 09, 2006 8:00 am**  
**Secretary of State**

02-09-2006 90032 029 \*\*\*\*61.25

<b>DOCUMENT # 770810</b>			
1. Entity Name <b>CAPTAIN'S QUARTERS PROPERTY OWNERS ASSOCIATION, INC.</b>			
Principal Place of Business <b>9141 LAKE DRIVE UNIT 101 ENGLEWOOD, FL 34224</b>		Mailing Address <b>1101 ANGELA MARIA ROAD SARASOTA, FL 34243</b>	
2. Principal Place of Business		3. Mailing Address <b>9141 Lake Dr</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc. <b>Unit 101</b>	
City & State		City & State <b>Englewood, FL</b>	
Zip	Country	Zip	Country
<b>34224</b>	<b>USA</b>	<b>34224</b>	<b>USA</b>
4. FEI Number <b>59-2357417</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>		<b>7. Name and Address of New Registered Agent</b>	
ROSSA, FREDERICK V 9141 LAKE DR UNIT 101 ENGLEWOOD, FL 34224		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		<b>FL</b> Zip Code	
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE	SD <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSSA, FRED	NAME	
STREET ADDRESS	9141 LAKE DR #103	STREET ADDRESS	
CITY - ST - ZIP	ENGLEWOOD, FL 34224	CITY - ST - ZIP	
TITLE	SDT <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSSA, FREDERICK V	NAME	
STREET ADDRESS	9141 LAKE DR #101	STREET ADDRESS	
CITY - ST - ZIP	ENGLEWOOD, FL 34224	CITY - ST - ZIP	
TITLE	ST <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAWSEY, KATHLEEN	NAME	
STREET ADDRESS	1101 ANGELA MARIA ROAD	STREET ADDRESS	
CITY - ST - ZIP	SARASOTA, FL 34243	CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
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: <i>Kathleen Dawsey</i>		Date: <i>2/6/2006</i> Daytime Phone #: <i>941-756-1938</i>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	

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