

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000008413

FILED
Apr 26, 2007
Secretary of State

Entity Name: CAPTAIN'S COVE OF INDIAN SHORES CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

19811 GULF BLVD
INDIAN SHORES, FL 33785

New Principal Place of Business:

Current Mailing Address:

19534 GULF BLVD
202
INDIAN SHORES, FL 33785

New Mailing Address:

FEI Number: 05-0541278 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

SMITH, WILLIAM F
19534 GULF BLVD
202
INDIAN SHORES, FL 33785 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: BISHOP, DON
Address: 18222 CLEAR LAKE DRIVE
City-St-Zip: LUTZ, FL 33548

Title: STD (X) Delete
Name: MASSROCK, MICHAEL
Address: 4008 LIGUSTRUM DRIVE
City-St-Zip: PALM HARBOR, FL 34685

Title: D () Delete
Name: ALBAND, MICHAEL
Address: 19811 GULF BLVD #208
City-St-Zip: INDIAN SHORES, FL 33785

Title: D (X) Delete
Name: COLLINS, DAVID
Address: 2500 RECKER HIGHWAY
City-St-Zip: WINTER HAVEN, FL 33880

Title: VD () Delete
Name: STAHLSCMIDT, DOUG
Address: 15267 NOONING TREE CT
City-St-Zip: CHESTERFIELD, MO 63017

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: STD (X) Change () Addition
Name: ALBAND, MICHAEL
Address: 19811 GULF BLVD #208
City-St-Zip: INDIAN SHORES, FL 33785

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: DON BISHOP

PD

04/26/2007

Electronic Signature of Signing Officer or Director

_____ Date