

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 12, 2006 8:00 am**  
**Secretary of State**

06-12-2006 90002 039 \*\*\*\*61.25

**DOCUMENT # N02000009014**

1. Entity Name  
**CAPTAIN'S LANDING CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business  
**268 LEWIS CIRCLE  
PUNTA GORDA, FL 33952**

Mailing Address  
**100 SULLIVAN ST STE 112  
PUNTA GORDA, FL 33952**

40050614



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02252006 Chg-NP CR2E037 (11/05)

City & State

City & State

4. FEI Number  
**02-0655748**

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GREENE, JOAN F  
100 SULLIVAN ST STE 112  
PUNTA GORDA, FL 33952**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete  
NAME BROOK, DELL  
STREET ADDRESS 268 LEWIS CIRCLE #121  
CITY-ST-ZIP PUNTA GORDA, FL 33950

TITLE VPD ☒ Change ☐ Addition  
NAME DELL BROCK  
STREET ADDRESS 268 LEWIS CIR #121  
CITY-ST-ZIP PUNTA GORDA FL 33950

TITLE D ☒ Delete  
NAME FEUER, SANTORO  
STREET ADDRESS 4817 ROYAL OAKS DR  
CITY-ST-ZIP MINNE TUNKE, MN 55343

TITLE PD ☐ Change ☒ Addition  
NAME SANDY FEUER  
STREET ADDRESS 4817 ROYAL OAKS DR  
CITY-ST-ZIP MINNE TUNKE MN 55343

TITLE D ☒ Delete  
NAME LEFTOFF, PAUL  
STREET ADDRESS 9002 WILD LIFE LOOP  
CITY-ST-ZIP SARASOTA, FL 34236

TITLE STD ☐ Change ☒ Addition  
NAME THOMAS KOZYRA  
STREET ADDRESS 5518 MOUNTAIN DR  
CITY-ST-ZIP BRIGHTON MI 48116

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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:

*Dell Brock* DELL BROCK

3-17-06

Date

Daytime Phone #