# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N02000009014

FILED Feb 28, 2009 Secretary of State

Entity Name: CAPTAIN'S LANDING CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business: New Principal Place of Business:** 

268 LEWIS CIRCLE PUNTA GORDA, FL 33952

**Current Mailing Address: New Mailing Address:** 

100 SULLIVAN ST STE 112 100 SULLIVAN ST STE 112 PUNTA GORDA, FL 33952 PUNTA GORDA, FL 33952 US

FEI Number: 02-0655748 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

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

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:

Date

### Electronic Signature of Registered Agent

#### **OFFICERS AND DIRECTORS:**

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change ( ) Addition () Delete FALKENSTEIN, GARY FALKENSTEIN, GARY Name: Name: 268 LEWIS CIRCLE #123 Address: 268 LEWIS CIRCLE #123 Address: City-St-Zip: PUNTA GORDA, FL 33956 City-St-Zip: PUNTA GORDA, FL 33956 US

Title: VPD Title: VPD (X) Change ( ) Addition () Delete

Name: KLEIN, GARY Name: KLEIN, GARY Address: 131 HIBISCUS Address: 131 HIBISCUS

City-St-Zip: PUNTA GORDA, FL 33950 City-St-Zip: PUNTA GORDA, FL 33950 US

Title: STD () Delete Title: (X) Change ( ) Addition KOZYRA, THOMAS Name: KOZYRA, THOMAS Name:

Address: 5518 MOUNTAIN DR Address: 5518 MOUNTAIN DR City-St-Zip: BRIGHTON, MI 48116 City-St-Zip: BRIGHTON, MI 48116 US

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: GARY FALKENSTEIN **PRES** 02/28/2009