## 2004 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

## Mar 09, 2004 8:00 am Secretary of State DOCUMENT # N03000003255 03-09-2004 90010 004 \*\*\*\*61.25 CAPTAIN JAX HOMEOWNERS ASSOCIATION, INC. Principal Place of Business Mailing Address 103650 OVERSEAS HIGHWAY C/O ROBERT CINTRON, JR. 54016297 **LOT 22** 317 WHITEHEAD STREET KEY LARGO, FL 33037 KEY WEST, FL 33040 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01112004 Chg-NP CR2E037 (10/03) Applied For City & State City & State ▲ FFì Number Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CINTRON, ROBERT JR. 317 WHITEHEAD STREET Street Address (P.O. Box Number is Not Acceptable) KEY WEST, FL 33040 City Zip Code FL 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 Make check payable to 9. Election Campaign Financing Filing Fee is \$61.25 \$5.00 May Be Florida Department of State Trust Fund Contribution. Due by May 1, 2004 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 AL Director Mr Thomas Davito Pres. TITLE TILLE Change Z2 Addition Terrance Baroody 103650 overseas Highway Lot 1 Key Largo FL 33037 NAME 103650 Overseas Hyway Lot 22 NAME STREET ADDRESS STREET ADDRESS Kcy Largo, FL 33037 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition sec/Trs. NAME Mr. Jan Jordan 103650 Oversexs Hydrogy Lotal NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-71P Key Laco, FL 33037 Director TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME Cay Gatter STREET ADDRESS STREET ADDRESS 103650 Oversons High way ho CITY-ST-ZIP CITY-ST-ZIP Orrector TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME Jorge Fesser NAME STREET ADDRESS 103650 Oversens Highway STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete Change ☐ Addition TTLE NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information subplied 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 or an attachment with an address, with all other like empowered. Sec SIGNATURE: AND DIFED OR PRINT SIGNATUR D NAME OF SIGNING OFFICER OR DIRECTO

**FILED**