2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000011394

FILED Apr 28, 2005 Secretary of State

Entity Nan	ne: CAPTAIN'	S QUARTERS HOMEOWNER	R'S ASSOCIATION, INC			
Current Principal Place of Business:			New Principa	New Principal Place of Business:		
	SHORE BLVD E, FL 34744			624LAKESHORE BLVD KISSIMMEE, FL 34744		
Current Mailing Address:			New Mailing	New Mailing Address:		
	SHORE BLVD E, FL 34744		624 LAKESHO KISSIMMEE, F			
FEI Number:		FEI Number Applied For (X)	FEI Number Not Applicat	ole () Certificate of Status Desired ()		
Name and	Address of Cu	ırrent Registered Agent:	Name and Ad	Idress of New Registered Agent:		
624 LAKES KISSIMMEI	S, RAYMOND R SHORE BLVD E, FL 34744	US				
	named entity so of Florida.	ubmits this statement for the p	urpose of changing its r	egistered office or registered agent, or be	oth,	
SIGNATUF	RE:					
	Electroni	Signature of Registered Age	nt	Date		
OFFICERS AND DIRECTORS:			ADDITIONS/0	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	DPT () I SESSIONS, RAY 624 LAKESHORI KISSIMMEE, FL	E BLVD	Title: Name: Address: City-St-Zip:	()Change ()Addition		
Title: Name: Address: City-St-Zip:	SESSIONS, STE	RS WELCOME RD	Title: Name: Address: City-St-Zip:	()Change()Addition		

I hereby certify that the information supplied with this filing does not qualify for the 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 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: RAYMOND R SESSIONS Ρ 04/28/2005