

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 05, 2007 08:00 A**  
**Secretary of State**

**DOCUMENT # N04000011394**



1. Entity Name  
**CAPTAIN'S QUARTERS HOMEOWNER'S ASSOCIATION, INC.**

Principal Place of Business  
131 SW CAPTAIN GLEN  
LAKE CITY, FL 32025

Mailing Address  
131 SW CAPTAIN GLEN  
LAKE CITY, FL 32025



03012007 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>20-2807499</b>	Applied For Not Applicable
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5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

TAYLOR, NORMAN  
131 SW CAPTAIN GLEN  
LAKE CITY, FL 32025

**DO NOT WRITE  
IN THIS SPACE**

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 \$81.25  
Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution.

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

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D,VP TAYLOR, NORMAN 131 SW GLEN LAKE CITY, FL 32025
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D,P ST DENIS, ROBERT 183 SW CAPTAIN GLEN LAKE CITY, 32 32025
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D S KAEFER, MARTIN D 182 SW CAPTAIN GLEN LAKE CITY, FL 32025
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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04/13/07-80032-025 61.25

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

*Norman Jh* 4/3/2007