


**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      Mailing Address

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

**DO NOT WRITE IN THIS SPACE**



03012007 No Chg-NP      CR2E037 (4/06)

|   |                                       |
|---|---------------------------------------|
| 4. FEI Number<br><b>20-2807499</b>                        | Applied For<br>Not Applicable         |
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75 Additional Fee Required</b> |

6. Name and Address of Current Registered Agent

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

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

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04/13/07-80032-025 61.25

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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