


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2008 08:00 AM
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

DO NOT WRITE IN THIS SPACE



03282008 No Chg-NP CR2E037 (4/06)

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

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, 2008

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

0000000279869
 04/15/08-80034-022 61.25

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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 Taylor* **NORMAN TAYLOR** **4/1/2008** **386-961-8643**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #