



**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.	
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Principal Place of Business 131 SW CAPTAIN GLEN LAKE CITY, FL 32025	Mailing Address 131 SW CAPTAIN GLEN LAKE CITY, FL 32025
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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**

**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, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	0000000879869 04/15/08-80034-022 61.25
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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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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 TAYLOR** **4/1/2008** **386-961-8643**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #