

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Feb 27, 2009
Secretary of State**

DOCUMENT# N04000011394

Entity Name: CAPTAIN'S QUARTERS HOMEOWNER'S ASSOCIATION, INC.

Current Principal Place of Business:

131 SW CAPTAIN GLEN
LAKE CITY, FL 32025

New Principal Place of Business:

Current Mailing Address:

131 SW CAPTAIN GLEN
LAKE CITY, FL 32025

New Mailing Address:

FEI Number: 20-2807499 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D,VP () Delete
Name: TAYLOR, NORMAN
Address: 131 SW GLEN
City-St-Zip: LAKE CITY, FL 32025

Title: D,P () Delete
Name: ST DENIS, ROBERT
Address: 183 SW CAPTAIN GLEN
City-St-Zip: LAKE CITY, 32 32025

Title: D S () Delete
Name: KAEFER, MARTIN D
Address: 182 SW CAPTAIN GLEN
City-St-Zip: LAKE CITY, FL 32025

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D,P (X) Change () Addition
Name: TAYLOR, NORMAN
Address: 131 SW GLEN
City-St-Zip: LAKE CITY, FL 32025

Title: D,VP (X) Change () Addition
Name: ST DENIS, ROBERT
Address: 183 SW CAPTAIN GLEN
City-St-Zip: LAKE CITY, 32 32025

Title: D,S (X) Change () Addition
Name: KAEFER, PENNY
Address: 182 SW CAPTAIN GLEN
City-St-Zip: LAKE CITY, FL 32025

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: NORMAN TAYLOR

Electronic Signature of Signing Officer or Director

D,P

02/27/2009

Date