

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 28, 2008 8:00 am
Secretary of State

01-28-2008 90052 033 ****61.25

DOCUMENT # N05083

1. Entity Name
**CAPTAIN'S COVE OF MELBOURNE CONDOMINIUM
ASSOCIATION, INC.**



Principal Place of Business
**2884 S. OSCEOLA AVE
ORLANDO, FL 32806 US**

Mailing Address
**2884 S. OSCEOLA AVE
ORLANDO, FL 32806 US**

2. Principal Place of Business - No P.O. Box #

clo World of Homes
Suite, Apt. #, etc.
2884 S. Osceola Avenue

City & State
Orlando, FL

Zip
32806

Country
USA

3. Mailing Address

clo World of Homes
Suite, Apt. #, etc.
2884 S. Osceola Avenue

City & State
Orlando, FL

Zip
32806

Country
USA



01072008 Chg-NP CR2E037 (12/06)

4. FEI Number
59-2643242

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**DIAZ, VICKI
2884 S. OSCEOLA AVE
ORLANDO, FL 32806**

7. Name and Address of New Registered Agent

Name
S
City
Orlando **FL** Zip Code
32806

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 fee if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
MERTENS, OLIVER
1208 E RIVER DR, # 501
MELBOURNE, FL 32901** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
SHEIVE, RANDY
1208 E RIVER DR
MELBOURNE, FL 32901** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DT
BOWNLIE, CONGER
1208 E RIVER DRIVE #502
MELBOURNE, FL 32901** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DS
HALL, LARRY
1208 E RIVER DRIVE UNIT 301
MELBOURNE, FL 32901** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
QUINN, DANNY
4850 CALASANS AVE
SAINT CLOUD, FL 34771** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/14/08 321-795-8432