

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N09712 (3)
1. Corporation Name
CAPTAIN'S WALK ASSOCIATION, INC.



Principal Place of Business: **POST OFFICE BOX 418 DELRAY BEACH FL 33447-0418**
Mailing Address: **POST OFFICE BOX 418 DELRAY BEACH FL 33447-0418**

3. Date Incorporated or Qualified: **06/12/1985**
3a. Date of Last Report: **05/01/1995**

| | | | | | | | |
|----|--------------------------------|----|---------------------|----|--|---|---------------------------------------|
| 21 | 2. Principal Place of Business | 2a | Mailing Address | 4. | FEI Number 59-2625690 | Applied For | |
| 22 | Suite, Apt. #, etc. | 27 | Suite, Apt. #, etc. | 5. | Certificate of Status Desired | <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 23 | City & State | 28 | City & State | 6. | Election Campaign Financing Trust Fund Contribution | <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 24 | Zip | 29 | Zip | 8. | This corporation has liability for intangible tax under s. 199.032, Florida Statutes | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |

9. Name and Address of Current Registered Agent

**J.M.D. PROPERTIES, INC
885 S.E. 6TH AVENUE
SUITE E
DELRAY BEACH FL 33483**

10. Name and Address of New Registered Agent

| | | |
|----|--|-----------|
| 81 | Name | |
| 82 | Street Address (P.O. Box Number is Not Acceptable) | |
| 83 | | |
| 84 | City | FL |
| 85 | Zip Code | |

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '96 | |
|----------------------------|--------------------------------|--|--|
| TITLE | PD | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | STANLEY, GORDON | 1.2 NAME | |
| STREET ADDRESS | 270 CAPTAIN'S WALK 314 | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | DELRAY BEACH FL | 1.4 CITY-ST-ZIP | |
| TITLE | ST | 2.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | GREENBERG, BONNIE | 2.2 NAME | MR. STUART LEWIS |
| STREET ADDRESS | 300 CAPTAINS WALK, #103 | 2.3 STREET ADDRESS | 210 CAPTAINS WALK #702 |
| CITY-ST-ZIP | DELRAY BEACH FL | 2.4 CITY-ST-ZIP | DELRAY BEACH, FL 33483 |
| TITLE | VD | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | RINEHIMER, SHARON M | 3.2 NAME | |
| STREET ADDRESS | 240 CAPTAIN'S WALK #518 | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | DELRAY BEACH FL | 3.4 CITY-ST-ZIP | |
| TITLE | | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | |
| TITLE | | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13, unchanged, or on a new line, with an address.

SIGNATURE: _____ Date: **4/19/96** 407-265-3666

CR2E037 (12/95)