

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 31 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA 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

Mailing Address

POST OFFICE BOX 418  
DELRAY BEACH FL 33447-0418POST OFFICE BOX 418  
DELRAY BEACH FL 33447-04183. Date Incorporated or Qualified  
06/12/19853a. Date of Last Report  
04/26/1996

4. FEI Number

59-2625690

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution☐\$5.00 May Be  
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes☐ Yes☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City &amp; State

City &amp; State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☒ DELETE  
NAME STANLEY, GORDON  
STREET ADDRESS 270 CAPTAIN'S WALK 314  
CITY-ST-ZIP DELRAY BEACH FL1.1 TITLE DP ☐ Change ☒ Addition  
1.2 NAME Lloyd Mendon  
1.3 STREET ADDRESS 210 Captains Walk # 713  
1.4 CITY-ST-ZIP Delray Beach, FL 33483TITLE STD ☐ DELETE  
NAME MR STUART LEWIS  
STREET ADDRESS 210 CAPTAINS WALK #702  
CITY-ST-ZIP DELRAY BEACH FL2.1 TITLE DVP ☒ Change ☐ Addition  
2.2 NAME Mr. Stuart Lewis  
2.3 STREET ADDRESS 210 Captains Walk # 702  
2.4 CITY-ST-ZIP Delray Beach, FL 33483TITLE VD ☒ DELETE  
NAME RINEHIMER, SHARON M  
STREET ADDRESS 240 CAPTAIN'S WALK #518  
CITY-ST-ZIP DELRAY BEACH FL3.1 TITLE DS/T ☐ Change ☒ Addition  
3.2 NAME Mark Goldstein  
3.3 STREET ADDRESS 270 Captains Walk #305  
3.4 CITY-ST-ZIP Delray Beach, FL 33483TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIPTITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIPTITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 if changed, or on an instrument with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-25-97 561-265-3666

Date

Daytime Phone # 0043333

CR2E037 (9/96)