

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N09712

1. Entity Name

CAPTAIN'S WALK ASSOCIATION, INC.

FILED

Apr 26, 2000 8:00 am
Secretary of State

04-26-2000 90194 028 ****61.25

Principal Place of Business

POST OFFICE BOX 418
DELRAY BEACH FL 33447-0418

Mailing Address

POST OFFICE BOX 418
DELRAY BEACH FL 33447-0418

2. Principal Place of Business

98 SE 6th Ave

3. Mailing Address

98 SE 6th Ave

Suite, Apt. #, etc.

Suite 2

Suite, Apt. #, etc.

Suite 2

City & State

Delray Beach FL

City & State

Delray Beach FL

Zip

33483

Country

USA

Zip

33483

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2625690

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

Joseph M. Daghest

Street Address (P.O. Box Number is Not Acceptable)

98 SE 6th Ave Suite 2

City

Delray Beach

FL

Zip Code

33483

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/14/00

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

| | | |
|----------------|-------------------------|--|
| TITLE | DP | <input checked="" type="checkbox"/> Delete |
| NAME | MENDOW, LLOYD | |
| STREET ADDRESS | 210 CAPTAINS WALK, #713 | |
| CITY-ST-ZIP | DELRAY BEACH FL | |
| TITLE | DVP | <input checked="" type="checkbox"/> Delete |
| NAME | MR STUART LEWIS | |
| STREET ADDRESS | 210 CAPTAINS WALK #702 | |
| CITY-ST-ZIP | DELRAY BEACH FL | |
| TITLE | DST | <input checked="" type="checkbox"/> Delete |
| NAME | GOLDSTEIN, MARK | |
| STREET ADDRESS | 270 CAPTAINS WALK, #305 | |
| CITY-ST-ZIP | DELRAY BEACH FL | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|------------------------|--|
| TITLE | Vice Pres | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Mendow, Lloyd | |
| STREET ADDRESS | 210 Captains Walk #713 | |
| CITY-ST-ZIP | Delray Beach FL 33483 | |
| TITLE | President | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Mr Stuart Lewis | |
| STREET ADDRESS | 210 Captains Walk #702 | |
| CITY-ST-ZIP | Delray Beach FL 33483 | |
| TITLE | Secy/Treas | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Silver, Jay | |
| STREET ADDRESS | 240 Captains Walk #502 | |
| CITY-ST-ZIP | Delray Beach FL 33483 | |
| TITLE | Assit Secy/Treas | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Springer, James | |
| STREET ADDRESS | 270 Captains Walk #310 | |
| CITY-ST-ZIP | Delray Beach FL 33483 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

12. I 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 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 filers or powers.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)