

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 31, 2004 8:00 am
Secretary of State

03-31-2004 90048 003 ****61.25

DOCUMENT # N09712

1. Entity Name

CAPTAIN'S WALK ASSOCIATION, INC.



Principal Place of Business

~~98 SE 6TH AVENUE~~
~~SUITE 2~~
DELRAY BEACH FL 33483

Mailing Address

~~98 SE 6TH AVENUE~~
~~SUITE 2~~
DELRAY BEACH FL 33483

24032298



MOORE CR2E037 (11/03)

2. Principal Place of Business

904 SE 5TH AVENUE
Suite, Apt. #, etc.

3. Mailing Address

904 SE 5TH AVENUE
Suite, Apt. #, etc.

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

DAGHER, JOSEPH
~~98 SE 6TH AVENUE~~
~~SUITE 2~~
DELRAY BEACH FL 33483

7. Name and Address of New Registered Agent

Name

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

904 SE 5TH AVENUE

City

FL

Zip Code

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

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	D	<input type="checkbox"/> Delete
NAME	LEWIS, STUART	
STREET ADDRESS	210 CAPTAINS WALK #702	
CITY-ST-ZIP	DELRAY BEACH FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	SILVER, IRV	
STREET ADDRESS	240 CAPTAINS WALK #502	
CITY-ST-ZIP	DELRAY BEACH FL 33483	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SPRINGER, JAMES	
STREET ADDRESS	240 CAPTAINS WALK #310	
CITY-ST-ZIP	DELRAY BEACH FL 33483	
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	P.D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEWIS, STUART	
STREET ADDRESS	210 CAPTAIN'S WALK #702	
CITY-ST-ZIP	DELRAY BEACH, FL 33483	
TITLE	S/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SILVER, IRV	
STREET ADDRESS	240 CAPTAIN'S WALK #502	
CITY-ST-ZIP	DELRAY BEACH, FL 33483	
TITLE	V.P.D.	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SAKALA, BRIKE	
STREET ADDRESS	300 CAPTAINS WALK #104	
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		
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 like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/27 2004 561-2790860
Date Daytime Phone #