

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09712

FILED
Mar 31, 2005
Secretary of State

Entity Name: CAPTAIN'S WALK ASSOCIATION, INC.

Current Principal Place of Business:

904 SE 5TH AVE.
DELRAY BEACH, FL 33483

New Principal Place of Business:

Current Mailing Address:

904 SE 5TH AVE.
DELRAY BEACH, FL 33483

New Mailing Address:

FEI Number: 59-2625690

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DAGHER, JOSEPH
904 SE 5TH AVE.
DELRAY BEACH, FL 33483 US

Name and Address of New Registered Agent:

DAGHER, JOSEPH M
904 SE 5TH AVE.
DELRAY BEACH, FL 33483 US

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: JOSEPH M. DAGHER

03/31/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: LEWIS, STUART
Address: 210 CAPTAINS WALK #702
City-St-Zip: DELRAY BEACH, FL 33483

Title: STD () Delete
Name: SILVER, IRV
Address: 240 CAPTAINS WALK #502
City-St-Zip: DELRAY BEACH, FL 33483

Title: VPD () Delete
Name: SAKALA, BRUCE
Address: 300 CAPTAIN'S WALK, #104
City-St-Zip: DELRAY BEACH, FL 33483

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: STUART LEWIS

PD

03/31/2005

Electronic Signature of Signing Officer or Director

Date