

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09712

FILED  
Mar 14, 2009  
Secretary of State

Entity Name: CAPTAIN'S WALK ASSOCIATION, INC.

**Current Principal Place of Business:**

JMD PROPERTIES  
904 SE 5TH AVENUE  
DELRAY BEACH, FL 33483

**New Principal Place of Business:**

**Current Mailing Address:**

JMD PROPERTIES  
904 SE 5TH AVENUE  
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:**

JMD PROPERTIES  
904 SE 5TH AVE.  
DELRAY BEACH, FL 33483 US

**Name and Address of New Registered Agent:**

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:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: VPD ( ) Delete  
Name: BASSETT, MAUREEN  
Address: 270 CAPTAINS WALK #314  
City-St-Zip: DELRAY BEACH, FL 33483

Title: PD ( ) Delete  
Name: SAKALA, BRUCE  
Address: 300 CAPTAINS WALK #104  
City-St-Zip: DELRAY BEACH, FL 33483

Title: STD ( ) Delete  
Name: O'NEILL, RICHARD  
Address: 270 CAPTAINS WALK #305  
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 exemption stated in Chapter 119, 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: BRUCE SAKALA

PD

03/14/2009

Electronic Signature of Signing Officer or Director

Date