

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 10, 2008 8:00 am
Secretary of State

07-10-2008 90016 018 ****70.00

DOCUMENT # N16076

1. Entity Name
CAPTAIN'S POINTE SERVICE CORPORATION, INC.



Principal Place of Business
**761 VISCAYA BLVD
ST AUGUSTINE, FL 32086**

Mailing Address
**761 VISCAYA BLVD
ST AUGUSTINE, FL 32086**

40110134



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

07062008 Chg-NP CR2E037 (12/06)

4. FEI Number
59-2948551

Applied For
☒ Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**NEIDER, DORIS
761 VISCAYA BLVD.
ST AUGUSTINE, FL 32086**

Name

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

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

**Filing Fee is \$61.25
Due by September 12, 2008**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P** ☒ Delete
NAME **LAUDERMILK, CATHERINE**
STREET ADDRESS **100 MARINER RD**
CITY-ST-ZIP **SAINT AUGUSTINE, FL 32086**

TITLE **P** ☐ Change ☒ Addition
NAME **RHODES, ERNEST**
STREET ADDRESS **778 VISCAYA BLVD.**
CITY-ST-ZIP **ST. AUGUSTINE, FL. 32086**

TITLE **VP** ☒ Delete
NAME **KIRCHHOFF, EDWARD**
STREET ADDRESS **112 CAPTAIN'S POINTE CIRCLE**
CITY-ST-ZIP **SAINT AUGUSTINE, FL 32086**

TITLE **VP** ☐ Change ☒ Addition
NAME **MURPHY, SUZANNE**
STREET ADDRESS **150 MARINER RD.**
CITY-ST-ZIP **ST. AUGUSTINE, FL. 32086**

TITLE **VP** ☐ Delete
NAME **KYMOS, GEORGE**
STREET ADDRESS **101 MARINE RD**
CITY-ST-ZIP **SAINT AUGUSTINE, FL 32086**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **S** ☒ Delete
NAME **NESS, TERRI**
STREET ADDRESS **170 MARINER RD**
CITY-ST-ZIP **SAINT AUGUSTINE, FL 32086**

TITLE **S** ☐ Change ☒ Addition
NAME **REYES, JOHN**
STREET ADDRESS **121 MARINER RD.**
CITY-ST-ZIP **ST. AUGUSTINE, FL. 32086**

TITLE **T** ☐ Delete
NAME **NEIDER, DORIS**
STREET ADDRESS **140 MARINER RD**
CITY-ST-ZIP **SAINT AUGUSTINE, FL 32086**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *Doris Neider* **DORIS NEIDER** **07-05-08** **904-794-7740**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #