2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 07, 2009
Secretary of State

DOCUMENT# N16076

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

Current Principal Place of Business:

761 VISCAYA BLVD
ST AUGUSTINE, FL 32086

New Principal Place of Business:

Current Mailing Address:

761 VISCAYA BLVD
ST AUGUSTINE, FL 32086

New Mailing Address:

FEI Number: 59-2948551 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

NEIDER, DORIS
761 VISCAYA BLVD.
ST AUGUSTINE, FL 32086 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:	P	( ) Delete
Name:	RHODES, ERNEST	
Address:	778 VISCAYA BLVD	
City-St-Zip:	SAINT AUGUSTINE, FL 32086	
Title:	VP	( ) Delete
Name:	MURPHY, SUZANNE	
Address:	150 MARINER RD	
City-St-Zip:	SAINT AUGUSTINE, FL 32086	
Title:	VP	( ) Delete
Name:	KYMOS, GEORGE	
Address:	101 MARINE RD	
City-St-Zip:	SAINT AUGUSTINE, FL 32086	
Title:	S	( ) Delete
Name:	REYES, JOHN	
Address:	121 MARINER RD	
City-St-Zip:	SAINT AUGUSTINE, FL 32086	
Title:	T	( ) Delete
Name:	NEIDER, DORIS	
Address:	140 MARINER RD	
City-St-Zip:	SAINT AUGUSTINE, FL 32086	

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:	
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: DORIS NEIDER T 01/07/2009

Electronic Signature of Signing Officer or Director — Date