

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N93000000427 (5)

1. Corporation Name

CAPTAIN'S BAY RECREATIONAL ASSOCIATION, INC.



Principal Place of Business

Mailing Address

3421
3421 BONITA BEACH RD
SUITE 408
BONITA SPRINGS FL 33923
US

22782 ISLAND PINES WAY
FT MYERS BEACH FL 33931
US

3. Date Incorporated or Qualified

01/20/1993

3a. Date of Last Report

04/25/1995

2. Principal Place of Business

2a. Mailing Address

21 3421 Bonita Beach Rd.

26 3421 Bonita Beach Rd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite 408

27 Suite 408

City & State

City & State

23 Bonita Springs, Florida

28 Bonita Springs, Florida

Zip Country

Zip Country

24 33923

25 US

29 33923

30 US

4. FEI Number

65-0422741

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

Yes

No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DEPIRRO, FRED L.
4203 BAY BEACH LANE
#2E
FT MYERS BEACH FL 33931

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

same as above

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent Signature required when re-registration)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input type="checkbox"/> DELETE
NAME	KAPTYN, JOHN	
STREET ADDRESS	6051 ESTERO BLVD	
CITY-ST-ZIP	FT MYERS BEACH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KAPTYN, SIMON	
STREET ADDRESS	6051 ESTERO BLVD	
CITY-ST-ZIP	FT MYERS BEACH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HASCHYC, MICHAEL	
STREET ADDRESS	6051 ESTERO BLVD	
CITY-ST-ZIP	FT MYERS BEACH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DYKE, TERRY	
STREET ADDRESS	6051 ESTERO BLVD	
CITY-ST-ZIP	FT MYERS BEACH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DEPIRRO, FRED L	
STREET ADDRESS	4203 BAY BEACH LANE #2E	
CITY-ST-ZIP	FT MYERS BEACH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/96

(941) 498-2290

Date

Daytime Phone #

CR2E037 (12/95)