

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
 AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
 Jul 23 1998 8:00am
 Secretary of State

001027

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N93000000427 (5)
 1. Corporation Name
CAPTAIN'S BAY RECREATIONAL ASSOCIATION, INC.



Principal Place of Business 3421 BONITA BEACH ROAD SUITE 408 BONITA SPRINGS FL 33923 US	Mailing Address 3421 BONITA BEACH ROAD SUITE 408 BONITA SPRINGS FL 33923 US
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3. Date Incorporated or Qualified 01/20/1993	4. FEI Number 65-0422741	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
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2. Principal Place of Business 21 600 HIGHWAY # 7 EAST Suite, Apt. #, etc. 22 101 City & State 23 RICHMOND HILL, Ontario Zip 24 L4B1B2	2a. Mailing Address 26 600 HIGHWAY # 7 EAST Suite, Apt. #, etc. 27 101 City & State 28 RICHMOND HILL, Ontario Zip 29 L4B1B2	Country 25 CANADA	Country 30 CANADA
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current 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	85 Zip Code FL
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10. Name and Address of New Registered Agent	
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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 _____ (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KAPTYN, JOHN	1.2 NAME	
STREET ADDRESS	6051 ESTERO BLVD	1.3 STREET ADDRESS	600 HIGHWAY # 7 EAST, SUITE 101
CITY-ST-ZIP	FT MYERS BEACH FL	1.4 CITY-ST-ZIP	RICHMOND HILL, ONTARIO, L4B1B2
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KAPTYN, SIMON	2.2 NAME	
STREET ADDRESS	6051 ESTERO BLVD	2.3 STREET ADDRESS	600 HIGHWAY # 7 EAST, SUITE 101
CITY-ST-ZIP	FT MYERS BEACH FL	2.4 CITY-ST-ZIP	RICHMOND HILL, ONTARIO, L4B1B2
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HASCHYC, MICHAEL	3.2 NAME	
STREET ADDRESS	6051 ESTERO BLVD	3.3 STREET ADDRESS	600 HIGHWAY # 7 EAST, SUITE 101
CITY-ST-ZIP	FT MYERS BEACH FL	3.4 CITY-ST-ZIP	RICHMOND HILL, ONTARIO, L4B1B2
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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 hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(i), 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) _____ (Typed or printed name of signing officer or director) Date _____ (905) 882-3108 Daytime Phone #

CR2E037 (5/98)