2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N9300000427

1 Entity Name

City & State

Zip

CAPTAIN'S BAY RECREATIONAL ASSOCIATION, INC.
NKA ISLAND PINES RECREATIONAL ASSOCIATION, INC.

Principal Place of Business

Mailing Address

12650 WHITEHALL DR.
FORT MYERS FL 33907
US

12650 WHITEHALL DR.
FORT MYERS FL 33907
US

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Zip

FILED Apr 25, 2000 8:00 am Secretary of State

04-25-2000 90107 017 ****61.25



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0422741

Applied For Not Applicable

5. Certificate of Status Desired
Fee Required
Fee Required

	_	_
BENSON, MARK R		
JENOON, MANN N		

6. Name and Address of Current Registered Agent

Country

BENSON, MARK R 12650 WHITEHALL DR. FORT MYERS FL 33907

7. Name and Address of New Registered Agent			
Name			
Street Address (P.O. Box Number is Not Acceptable)	_		
City	EI	Zip Code	

SIGNATURE

SIgnature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE

Country

FILE NOW: FEE IS \$61.25

Election Campaign Financing Trust Fund Contribution.

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

\$5.00 May Be Added to Fees Make Check Payable to Department of State

OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11 10. □ Addition PD ☐ Change TITLE TITLE Delete KAPTYN, JOHN NAME NAME STREET ADDRESS STREET ADORESS 600 HWY #7 E STE 101 CITY-ST-7IP CITY-ST-ZIP RICHMOND HILL, ONTARIO, CANA L4B-1B2 VD ■ Addition TITLE TITLE ☐ Delete Litvack, Jack NAME LITVACK, JACK NAME 22652 Island Pines Way #154 STREET ADDRESS STREET ADDRESS 22652 ISLAND PINES WAY #154 Fort Myers Beach, FL 33931 CITY-ST-ZIP CITY-ST-ZIP FORT MYERS BEACH FL 33931 ΊD **≥**Shange ☐ Addition TITLE □ Delete TITLE Johnson, LaVerne Johnson, Laverne NAME NAME 22772 Island Pines Way #214 STREET ADDRESS STREET ADDRESS 22772 ISLAND PINES WAY #214 CITY-ST-ZIP Fort Myers Beach, FL 33931 CITY-ST-ZIP FORT MYERS BEACH FL 33931 PD XXhange Addition TITLE □ Delete TITLE Fera, Lou FERA, LOU NAME NAME STREET ADDRESS STREET ADDRESS 22700 ISLAND PINES WAY #3103 22700 Island Pines Way #3103 CITY-ST-ZIP CITY-ST-ZIP FORT MYERS BEACH FL 33931 Fort Myers Beach, FL 33931 ☐ Addition ☐ Change ☐ Delete TITLE TITLE CONWAY, RICHARD MAME STREET ADDRESS STREET ADDRESS 5930 TAYLORSVILLE RD. CITY-ST-ZIP CITY-ST-ZIP **DAYTON OH 45424** SD ☐ Addition **X**hange ☐ Delete TITLE TITLE KYLE. MICHAEL NAME NAME Kyle, Michael STREET ADDRESS STREET ADDRESS 6691 ESTERO BLVD.#103 6691 Estero Blvd #103 CITY-ST-ZIP DITT: ST ZIP FORT MYERS BEACH FL 33931 <u>Fort Myers Beach.FL 33931</u>

12. 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jel 17/00

Daytime Phone #

CFI2E037 (9/99)