

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 # N93000000788 (0)

1. Corporation Name

CAPTAIN'S BAY OPERATIONS ASSOCIATION, INC.



Principal Place of Business

Mailing Address

3401 BONITA BCH RD
STE 108
BONITA SPGS FL 33923
US

22748 ISLAND PINES WAY
FT MYERS BEACH FL 33931
US

3. Date Incorporated or Qualified
03/19/1993

3a. Date of Last Report
04/25/1995

2. Principal Place of Business

2a. Mailing Address

21 **3421 Bonita Beach Rd.**
Suite, Apt. #, etc.

26 **3421 Bonita Beach Rd.**
Suite, Apt. #, etc.

22 **Suite 408**

27 **Suite 408**

23 **Bonita Springs, Florida**

28 **Bonita Springs, Florida**

24 **33923** 25 **US**

29 **33923** 30 **US**

4. FEI Number

65-0422740

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$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
2 E*****
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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE
NAME **KAPTYN, JOHN**
STREET ADDRESS **6051 ESTERO BLVD**
CITY-ST-ZIP **FT MYERS BEACH FL**

TITLE **D** ☐ DELETE
NAME **KAPTYN, SIMON**
STREET ADDRESS **6051 ESTERO BLVD**
CITY-ST-ZIP **FT MYERS BEACH FL**

TITLE **D** ☐ DELETE
NAME **HASCHYC, MICHAEL**
STREET ADDRESS **6051 ESTERO BLVD**
CITY-ST-ZIP **FT MYERS BEACH FL**

TITLE **D** ☐ DELETE
NAME **DYKE, TERRY**
STREET ADDRESS **6051 ESTERO BLVD**
CITY-ST-ZIP **FT MYERS BEACH FL**

TITLE **D** ☐ DELETE
NAME **DEPIRRO, FRED**
STREET ADDRESS **4203 BAY BEACH LANE 2E**
CITY-ST-ZIP **FT MYERS BEACH FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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

Date

(941) 498-2290

Daytime Phone

CR2E037 (12/95)