2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N93000001381

FILED Sep 04, 2009 Secretary of State

Entity Name: CAPTAIN'S BAY SOUTH CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: 22700 ISLAND PINES WAY C/O ALLIANT PROPERTY MANAGEMENT, LLC BONITA SPRINGS, FL 34135 6719 WINKLER RD. STE. 200 US FT. MYERS, FL 33919 **Current Mailing Address:** New Mailing Address: C/O ALLIANT PROPERTY MANAGEMENT, LLC 4067 BONITA BEACH RD 6719 WINKLER RD. STE. 200 BONITA SPRINGS, FL 34134 FT. MYERS, FL 33919 FEI Number: 65-0422747 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: DETALI & ASSOC, INC C/O ALLIANT PROPERTY MANAGEMENT, LLC 6719 WINKLER RD. STE. 200 4061 BONITA BEACH RD 201 FT. MYERS, FL 33919 BONITA SPRINGS, FL 34134 US 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: JOHN M. STROHM 09/04/2009 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition LEOTTA, ROY Name: Name: 22736 ISLAND PINES WAY #201 Address: Address: City-St-Zip: FORT MYERS BEACH, FL 33931 City-St-Zip: Title: () Delete Title: SD (X) Change () Addition RICHARDSON, JANET Name: RICHARDSON, JANET Name: Address: 22748 ISLAND PINES WAY #503 Address: 22748 ISLAND PINES WAY #503 City-St-Zip: FORT MYERS BEACH, FL 33931 City-St-Zip: FORT MYERS BEACH, FL 33931 Title: () Delete Title: PD (X) Change () Addition SHEARER, BOB CRIST, MARIE Name: Name: 22724 ISLAND PINES WAY #402 22724 ISLAND PINES WAY #201 Address: Address: City-St-Zip: FORT MYERS BEACH, FL 33931 City-St-Zip: FORT MYERS BEACH, FL 33931 Title: () Delete Title: () Change (X) Addition Name: Name: MCCAUGHRIN, LEE 22736 ISLAND PINES WAY #403 Address: Address: City-St-Zip: City-St-Zip: FT. MYERS BEACH, FL 33931

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: MARIE CRIST PD 09/04/2009