

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000001381

FILED
Feb 29, 2012
Secretary of State

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

Current Principal Place of Business:

C/O ALLIANT PROPERTY MANAGEMENT, LLC
6719 WINKLER RD. STE. 200
FT. MYERS, FL 33919 US

New Principal Place of Business:

Current Mailing Address:

C/O ALLIANT PROPERTY MANAGEMENT, LLC
6719 WINKLER RD. STE. 200
FT. MYERS, FL 33919 US

New Mailing Address:

FEI Number: 65-0422747

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C/O ALLIANT PROPERTY MANAGEMENT, LLC
6719 WINKLER RD. STE. 200
FT. MYERS, FL 33919 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD
Name: CRIST, MARIE
Address: 22724 ISLAND PINES WAY #201
City-St-Zip: FORT MYERS BEACH, FL 33931

Title: VP
Name: MCMULLEN, LINDA
Address: 22700 ISLAND PINES WAY #402
City-St-Zip: FORT MYERS BEACH, FL 33931

Title: TD
Name: WAGNER, KARL
Address: 22748 ISLAND PINES WAY #502
City-St-Zip: FORT MYERS BEACH, FL 33931

Title: SD
Name: WARBURTON, GAIL
Address: 22712 ISLAND PINES WAY #501
City-St-Zip: FT. MYERS BEACH, FL 33931

Title: D
Name: CLARK, JAMES
Address: 22700 ISLAND PINES WAY #503
City-St-Zip: FT. MYERS BEACH, FL 33931

I hereby 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 all other like empowered.

SIGNATURE: KARL WAGNER

TD

02/29/2012

Electronic Signature of Signing Officer or Director

Date