

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000001391

FILED
Mar 23, 2006
Secretary of State

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

Current Principal Place of Business:

2180 W SR 434
SUITE 5000
LONGWOOD, FL 32779 US

New Principal Place of Business:

Current Mailing Address:

2180 W SR 434
SUITE 5000
LONGWOOD, FL 32779 US

New Mailing Address:

FEI Number: 65-0422743 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

HART, JAMES W JR
2180 W SR 434
SUITE 5000
LONGWOOD, FL 32779 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 () Delete
Name: SCHIMPF, ROBERT
Address: 415 MORSE LANDING DR
City-St-Zip: CICERO, IN 46034

Title: VPD () Delete
Name: ALLEN, ARTHUR
Address: 6691 ESTERO BLVD #503
City-St-Zip: FT MYERS BEACH, FL 33931

Title: SD () Delete
Name: ALLEN, DANA
Address: 6691 ESTERO BLVD #503
City-St-Zip: FT MYERS BEACH, FL 33931

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: BURFORD, BRUCE
Address: 8416 OLD WORLD CT
City-St-Zip: UNION, KY 41091

Title: VPD (X) Change () Addition
Name: CONWAY, RICHARD
Address: 1975 BURNHAM LN
City-St-Zip: DAYTON, OH 45429

Title: TD (X) Change () Addition
Name: CIARAMITA, PETER
Address: 6311 BALD EAGLE RD
City-St-Zip: RACINE, WI 53406

I hereby certify that the information supplied with this filing does not qualify for the 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: BRUCE BURFORD

PD

03/23/2006

Electronic Signature of Signing Officer or Director

Date