

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 762317

**Entity Name:** CAPTAINS' QUARTERS OF ST. AUGUSTINE BEACH  
CONDOMINIUM ASSOC., INC.

**Current Principal Place of Business:**

1 DONDANVILLE RD.  
SAINT AUGUSTINE, FL 32080

**Current Mailing Address:**

1 DONDANVILLE RD.  
SAINT AUGUSTINE, FL 32080 US

**FEI Number: 59-2217514**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

AYERS, DORIS  
1 DONDANVILLE RD.  
SAINT AUGUSTINE, FL 32080 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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title VP  
Name BETTS, TONY  
Address 190 SANDAR ROSA LANE  
City-State-Zip: ADEL GA 31620

Title SECRETARY/TREASURER  
Name MOBERLY, ROBERT  
Address 1093 AA BEACH BLVD #342  
City-State-Zip: SAINT AUGUSTINE FL 32080

Title PRESIDENT  
Name MARTIN, JIMMY  
Address 1 DONDANVILLE RD #305  
City-State-Zip: ST AUGUSTINE FL 32080

Title DIRECTOR  
Name MORRIS, MARK  
Address 1 DONDANVILLE ROAD UNIT 116  
City-State-Zip: ST. AUGUSTINE FL 32080

*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: JIMMY MARTIN

PRESIDENT

01/30/2023

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date