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.

PRESIDENT

SIGNATURE: NORMAN TAYLOR

I

Electronic Signature of Signing Officer/Director Detail

SIGNATURE: Electronic Signature of 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.

Officer/Director Detail :

Title	D,P	Title	D, VP
Name	TAYLOR, NORMAN	Name	ST DENIS, ROBERT
Address	131 SW CAPTAINS GLEN	Address	183 SW CAPTAINS GLEN
City-State-Zip:	LAKE CITY FL 32025	City-State-Zip:	LAKE CITY 32025
Title	D,S		
Name	TAYLOR, HELEN		
Address	131 SW CAPTAINS GLEN		
City-State-Zip:	LAKE CITY FL 32025		

Current Principal Place of Business: 131 SW CAPTAINS GLEN LAKE CITY, FL 32025

Current Mailing Address:

DOCUMENT# N04000011394

131 SW CAPTAINS GLEN LAKE CITY, FL 32025

FEI Number: 20-2807499

Name and Address of Current Registered Agent:

TAYLOR, NORMAN 131 SW CAPTAINS GLEN LAKE CITY, FL 32025 US

Entity Name: CAPTAIN'S QUARTERS HOMEOWNER'S ASSOCIATION, INC.

FILED Mar 26, 2015 Secretary of State CC3260841398

Certificate of Status Desired: No

Date

03/26/2015 Date