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: NORMAN TAYLOR

I

Electronic Signature of Signing Officer/Director Detail

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.

0

Officer/Director Detail :						
Title	D,P	Title	D, VP			
Name	TAYLOR, NORMAN	Name	KAEFER, DENNIS			
Address	131 SW CAPTAINS GLEN	Address	182 SW CAPTAIN			
City-State-Zip:	LAKE CITY FL 32025	City-State-Zip:	LAKE CITY FL 3			
Title	D,S					
Name	TAYLOR, HELEN					
Address	131 SW CAPTAINS GLEN					

City-State-Zip: LAKE CITY FL 32025

r/Director Detail :						
	D,P	Title	D, VP			
	TAYLOR, NORMAN	Name	KAEFER, DENNIS			
i	131 SW CAPTAINS GLEN	Address	182 SW CAPTAINS			
te-Zip:	LAKE CITY FL 32025	City-State-Zip:	LAKE CITY FL 3202			
	D,S					
	TAYLOR, HELEN					

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000011394

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

Current Principal Place of Business:

131 SW CAPTAINS GLEN LAKE CITY, FL 32025

Current Mailing Address:

131 SW CAPTAINS GLEN LAKE CITY, FL 32025

FEI Number: 20-2807499

Name and Address of Current Registered Agent:

Electronic Signature of Registered Agent

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

SIGNATURE:

FILED Jun 04, 2020 Secretary of State 3812909542CC

Certificate of Status Desired: No

GLEN 025

PRESIDENT

06/04/2020 Date

Date