

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000005011

1. Entity Name

HOME OWNERS ASSOCIATION OF CAPTAINS QUARTERS, IN

**FILED**  
**Feb 29, 2000 8:00 am**  
**Secretary of State**

02-29-2000 90100 042 \*\*\*\*61.25

Principal Place of Business C/O 223 TAYLOR STREET PUNTA GORDA FL 33950	Mailing Address C/O 223 TAYLOR STREET PUNTA GORDA FL 33950
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <i>46 CH. MOUTON DR</i>	3. Mailing Address <i>46 CH. MOUTON DR</i>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <i>Kenner LA</i>	City & State <i>Kenner LA</i>
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4. FEI Number <i>65089 APPLIED FOR 7675</i>	Applied For <input type="checkbox"/> Not Applicable
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Zip <i>70065</i>	Country <i>LA</i>	Zip <i>70065</i>	Country
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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**6. Name and Address of Current Registered Agent**

WOTITZKY, EDWARD L  
 223 TAYLOR STREET  
 PUNTA GORDA FL 33950

**7. Name and Address of New Registered Agent**

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

8. 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW:  
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD HAYMON, MARY 46 CHATEAU MOUTON KENNER LA 70065 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD KARPE, PAULA 9979 OAKTON TERRACE ROAD OAKTON VA 22124 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SERAPHIN, JEAN 10 RUE DU BOIS 39300 MONT SUR MONNET FRANCE <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE [Signature] 2/7/00  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)