

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 20, 2002 8:00 am
Secretary of State

02-20-2002 90121 047 ****61.25

DOCUMENT # N98000005011
 Entity Name
HOME OWNERS ASSOCIATION OF CAPTAINS QUARTERS, IN C.

Principal Place of Business 46 CH MOUTON KENNER LA 70065	Mailing Address 46 CH MOUTON KENNER LA 70065
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DO NOT WRITE IN THIS SPACE

Principal Place of Business 46 CH MOUTON DR	3. Mailing Address 46 CH MOUTON
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State KENNER LA	City & State KENNER LA	4. FEI Number 65-0897675	Applied For <input type="checkbox"/> Not Applicable
Zip 70065	Country	Zip 70065	Country

5. Certificate of Status Desired **\$8.75** Additional Fee Required

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

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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

OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
DELETE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete PTD HAYMON, MARY 46 CHATEAU MOUTON KENNER LA 70065	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
DELETE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete VSD KARPE, PAULA 9979 OAKTON TERRACE ROAD OAKTON VA 22124	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
DELETE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete D SERAPHIN, JEAN 10 RUE DU BOIS 39300 MONT SUR MONNET FRANCE	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 REQUIRED **1/25/02**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)