


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 08:00 AM
Secretary of State

DOCUMENT # N98000005011
 1. Entity Name
HOME OWNERS ASSOCIATION OF CAPTAINS QUARTERS, INC.



Principal Place of Business Mailing Address
46 CH MOUTON DR **46 CH MOUTON DR**
KENNER, LA 70065 **KENNER, LA 70065**



04162006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0897675	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
WOTITZKY, EDWARD L
223 TAYLOR STREET
PUNTA GORDA, FL 33950

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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. I am familiar with, and accept the obligations of registered agent.

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

Filing Fee is \$61.25
Due by May 1, 2006

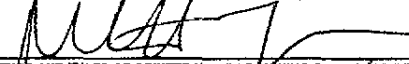
9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

U00000530947
 05/06/06-80020-010 61.25

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

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **MARY HAYMON** Date **4/17/06** Daytime Phone # _____