

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

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95 MAY -1 AM 8:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N10267 (5)**

1. Corporation Name

CAPTIVA PROPERTY OWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

22343 DORADO DR.
BOCA RATON FL 33433

22343 DORADO DR.
BOCA RATON FL 33433

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 07/16/1985	3a. Date of Last Report 07/27/1994
4. FEI Number 59-2044539	Applied For Not Applicable

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
25. Country	30. Country

5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status	<input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LEEDS, GERALD G.
7409 ANDORRA PL
BOCA RATON FL 33433

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	
84. Zip Code	FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0503, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD
NAME	ANDRON, SUE
STREET ADDRESS	7529 MDRITINQUE
CITY, ST, ZIP	BOCA RATON FL 33438
TITLE	D
NAME	BRESS, CHARLES
STREET ADDRESS	22304 GUADALOUPE ST
CITY, ST, ZIP	BOCA RATON FL
TITLE	D
NAME	BUDISH, SAM
STREET ADDRESS	7606 MARTINIQUE BLVD
CITY, ST, ZIP	BOCA RATON FL
TITLE	D
NAME	GOLDFARB, BERNARD
STREET ADDRESS	7625 MARTINIQUE BLVD
CITY, ST, ZIP	BOCA RATON FL
TITLE	TD
NAME	LEEDS, GERALD G
STREET ADDRESS	7409 ANDORRA PL
CITY, ST, ZIP	BOCA RATON FL 33433
TITLE	D
NAME	KAPLAN, LINDA NEL
STREET ADDRESS	7582 MARIUQUE
CITY, ST, ZIP	BOCA RATON FL

11. TITLE	M	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12. NAME	MARTIN DEISER	
13. STREET ADDRESS	7425 ANDORRA PL	
14. CITY, ST, ZIP	BOCA RATON FL 33433	
21. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME		
23. STREET ADDRESS		
24. CITY, ST, ZIP		
31. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32. NAME		
33. STREET ADDRESS		
34. CITY, ST, ZIP		
41. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42. NAME		
43. STREET ADDRESS		
44. CITY, ST, ZIP		
51. TITLE	LEEDS GERALD G	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
52. NAME		
53. STREET ADDRESS		
54. CITY, ST, ZIP		
61. TITLE	KAPLAN LINDA	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
62. NAME		
63. STREET ADDRESS		
64. CITY, ST, ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GERALD G LEEDS

4/20/95 407 750 0840