

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N10267 (5)**
1. Corporation Name
CAPTIVA PROPERTY OWNERS ASSOCIATION, INC.



Principal Place of Business: 22343 DORADO DR. BOCA RATON FL 33433
Mailing Address: 22343 DORADO DR. BOCA RATON FL 33433

3. Date Incorporated or Qualified: **07/16/1985**
3a. Date of Last Report: **05/01/1995**
4. FEI Number: **59-2044539**
Applied For: Not Applicable
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

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

9. Name and Address of Current Registered Agent
**LEEDS, GERALD G
7409 ANDORRA PLACE
BOCA RATON FL 33433**

10. Name and Address of New Registered Agent
81 Name: **V.P.**
82 Street Address (P.O. Box Number is Not Acceptable): **7409 ANDORRA PLACE**
83
84 City: **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent 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 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	DEISER, MARTIN	
STREET ADDRESS	7465 ANDORRA	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BRESS, CHARLES	
STREET ADDRESS	22304 GUADALOUPE ST	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BUDISH, SAM	
STREET ADDRESS	7606 MARTINIQUE BLVD	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GOLDFARB, BERNARD	
STREET ADDRESS	7625 MARTINIQUE BLVD	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	LEEDS, GERALD G	
STREET ADDRESS	7409 ANDORRA PL.	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KAPLAN, LIONEL	
STREET ADDRESS	7582 MARIUQUE	
CITY-ST-ZIP	BOCA RATON FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	V.P.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP	BOCA RATON FL 33433	
2.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	ANTHONY J. CAPUTA	
2.3 STREET ADDRESS	22385 DORADO DR	
2.4 CITY-ST-ZIP	BOCA RATON FL 33433	
3.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	JEFFREY H. DIXEN	
3.3 STREET ADDRESS	7617 MARTINIQUE BLVD	
3.4 CITY-ST-ZIP	BOCA RATON FL 33433	
4.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP	BOCA RATON FL 33433	
5.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP	BOCA RATON FL 33433	
6.1 TITLE	V.P.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS	7582 MARTINIQUE BLD	
6.4 CITY-ST-ZIP	BOCA RATON FL 33433	

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)(k), 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: Sandra B. Morham 1/31/96 407 710 0840
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)