

2000 UNIFORM BUSINESS REPORT (UBR)

2/3/00-90016-011-\$61.25-\$61.25

DOCUMENT # N10267

1. Entity Name

CAPTIVA PROPERTY OWNERS ASSOCIATION, INC.

FILED

00 MAR 27 PM 1:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

22343 DORADO DR.
BOCA RATON FL 33433

22343 DORADO DR.
BOCA RATON FL 33433-4963

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2044539

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~BUDISH, CHARLOTE~~ **Rose Graham**
7606 MARTINIQUE BLVD. 7516 ANDORRA PLACE
BOCA RATON FL 33433

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

Signature, typed or printed name of registered agent and title, if applicable

(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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	ANDRON, SUE	
STREET ADDRESS	7529 MARTINIQUE BLVD.	
CITY-ST-ZIP	BOCA RATON FL 33433	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	SCELZA, DEBRA	
STREET ADDRESS	ANDORRA PL.	
CITY-ST-ZIP	BOCA RATON, FL 33433	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	BUDISH, CHARLOTE	
STREET ADDRESS	7606 MARTINIQUE BLVD	
CITY-ST-ZIP	BOCA RATON, FL 33433	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	JIMEY, GLORIA	
STREET ADDRESS	7330 ANDORRA PLACE	
CITY-ST-ZIP	BOCA RATON FL 33433	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Rose Graham	
STREET ADDRESS	7516 ANDORRA PL.	
CITY-ST-ZIP	BOCA RATON, FL. 33433	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Desiree Hanzelik	
STREET ADDRESS	7425 DOMINICO STREET	
CITY-ST-ZIP	BOCA RATON, FL 33433	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LS	
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

Stephanie **REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/18/00

305-947-6000

CR2E037 (9/99)