## 2001 UNIFORM BUSINESS REPORT (UBR)

## FILED Jan 30, 2001 8:00 am Secretary of State DOCUMENT # N10267 1. Entity Name CAPTIVA PROPERTY OWNERS ASSOCIATION, INC. 01-30-2001 90221 044 \*\*\*\*61.25 Mailing Address Principal Place of Business 22343 DORADO DR. 22343 DORADO DR. **BOCA RATON FL 33433** BOCA RATON FL 33433 **DDATTAD2** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-2044539 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 5 E ( ) ( ) CORNELLE -SELIG COON ELLE Street Address (P.O. Box Number is Not Acceptable) GRAHAM, ROSE GUA DELOUP 22314 GUADELOUPE ST 7516 ANDORRA PLACE BOLD BATON, FL **BOCA RATON FL 33433.** Boc Zip Code 3 3 433 FL 33432 2ATON 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. 9. Election Campaign Financing Make Check Payable to FILE NOW: \$5.00 May Be Trust Fund Contribution. Department of State Added to Fees FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. ☐ Delete TITLE ☐ Change Addition . cornelle seu u ANDRON, SUE NAME NAME 7529 MARTINIQUE BLVD. 21314 bup delibure st STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33433** TITLE VPD ☐ Delete TITLE Change - Addition NAME SCELZA. DEBRA Jacob Cohen ANDORRA PL. STREET ADDRESS STREET ADDRESS 7572 ANDORRA PL CITY-ST-ZIP **BOCA RATON FL 33433** CITY-ST-ZIP Delete TITLE Change ☐ Addition TITLE GRAHAM, ROSE NAME NAME 7516 ANDORRA PLACE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP BOGA RATON FL 33433 CITY-ST-ZIP SD TITLE ☐ Change ☐ Addition TITLE Delete NAME HANZELIK, DESIREE NAME STREET ADDRESS 7425 DOMINICO STREET STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33433** ☐ Change ☐ Delete TITI F ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS

12. 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 attach

CITY-ST-ZIP

SIGNATURE:

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