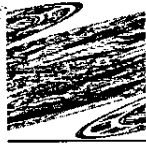


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 JAN 22 AM 9:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N10267

1. Corporation Name

CAPTIVA PROPERTY OWNERS ASSOCIATION INC

REINSTATEMENT 03-54

2. Principal Office Address

7529 MARTINIQUE BLVD

Suite, Apt. #, etc.

3. Mailing Office Address

PO BOX 970637

Suite, Apt. #, etc.

City & State

BOCA RATON FL

City & State

BOCA RATON FL

Zip

33433

Country

PALM BEACH

Zip

33497-0637

Country

4. Date Incorporated or Qualified To Do Business in Florida

7/16/85

5. FEI Number

59-2044539

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

SUE ANDRON

Street Address (P.O. Box Number is Not Acceptable)

7529 MARTINIQUE BLVD

Suite, Apt. #, Etc.

City

BOCA RATON

State

FL

Zip Code

33433

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent

Sue Andron

Date

7/16/04

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
<u>PD</u>	<u>SUE ANDRON</u>	<u>7529 MARTINIQUE BLVD</u>	<u>BOCA RATON FL 33433</u>
<u>VPD</u>	<u>DOORAH SCENZA</u>	<u>7380 ANDORRA PLACE</u>	<u>BOCA RATON FL 33433</u>

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE

Sue Andron

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

7/16/04

Daytime Phone #

561-213-2231

SIDNEY M. SCHUCHMAN
Certified Public Accountant



9045 LA FONTANA BOULEVARD • SUITE B-20 • BOCA RATON, FLORIDA 33434
MAILING ADDRESS: P.O. BOX 970637 • BOCA RATON, FLORIDA 33497-0637
E-mail: cpaboca@ix.netcom.com

BOCA RATON (561) 218-2777
FLORIDA (800) 871-5216
FAX (561) 218-3131

January 17, 2004

Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

Re: Captiva Property Owners
Association, Inc.
Document #N10267
Corporate Reinstatement

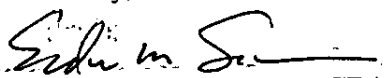
Gentlemen:

Enclosed please find a check in the amount of \$122.50. This represents payment of the annual filing fee for the years 2003 and 2004.

I am requesting, on behalf of the association, a waiver of the reinstatement fee. According to your records, the form went to an address which was not being used by the association. The form was not forwarded to any officer of the association. In order to rectify the situation, the mailing address has been changed to my office. This will alleviate any problems in the future.

Thank you for your attention to this matter.

Sincerely,


Sidney M. Schuchman, CPA

Cc: Sue Andron, President