


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2006 8:00 am
Secretary of State

01-17-2006 90256 013 ****61.25

DOCUMENT # N10267

1. Entity Name
CAPTIVA PROPERTY OWNERS ASSOCIATION, INC.



Principal Place of Business
**7529 MARTINIQUE BLVD
 BOCA RATON, FL 33433**

Mailing Address
**C/O SIDNET SCHUCHMAN CPA
 P O BOX 970637
 BOCA RATON, FL 33497-0637**

40003000



2. Principal Place of Business Suite, Apt. #, etc.
 3. Mailing Address Suite, Apt. #, etc.

City & State

01082006 Chg-NP CR2E037 (11/05)

4. FEI Number
59-2044539

Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**DICKER, KRIVOK & STOLOFF, P.A.
 1818 AUSTRALIAN AVENUE SOUTH
 SUITE 400
 WEST PALM BEACH, FL 33409**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25
 Due by May 1, 2006**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

**Make check payable to
 Florida Department of State**

10. OFFICERS AND DIRECTORS

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, DEBORAH	
STREET ADDRESS	7380 ANDORRA PLACE	
CITY-ST-ZIP	BOCA RATON, FL 33433	
TITLE	VPD TREASURER	<input type="checkbox"/> Delete
NAME	DEISER, MARTIN	
STREET ADDRESS	7465 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		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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 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		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 *Sue Andron*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/11/06 *561-*
 Date Daytime Phone #
213-2231