

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT


FILED
Feb 28, 2007 8:00 am
Secretary of State

02-28-2007 90001 043 ****61.25

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02142007 Chg-NP CR2E037 (12/06)

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	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address C/O FEDERAL HOME & INSURANCE MUTUAL	
Suite, Apt. #, etc.		Suite, Apt. #, etc. P.O. Box 81180	
City & State		City & State BOCA RATON, FL	
Zip	Country	Zip	Country
33433		33481	USA
4. FEI Number 59-2044539		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____			
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANDRON, SUE	NAME	
STREET ADDRESS	7529 MARTINIQUE BLVD.	STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON, FL 33433	CITY-ST-ZIP	
TITLE	VPD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCELZA, DEBORAH	NAME	
STREET ADDRESS	7380 ANDORRA PLACE	STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON, FL 33433	CITY-ST-ZIP	
TITLE	VD/T <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEISER, MARTIN	NAME	
STREET ADDRESS	7465 ANDORRA PLACE	STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON, FL 33433	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: <u>Sue Andron</u>		Date: <u>2/17/07</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	