

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N93000005525 (1)

1. Corporation Name
CAPTIVA HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business
**951 BROKEN SOUND PWY
250
BOCA RATON FL 33487
US**

Mailing Address
**951 BROKEN SOUND PWY
250
BOCA RATON FL 33487
US**

3. Date Incorporated or Qualified
12/08/1993

3a. Date of Last Report
05/01/1995

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21		26		65-0455832		<input type="checkbox"/> Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
23		28					
24	Zip	25	Country	29	Zip	30	Country

9. Name and Address of Current Registered Agent

**MESSINGER, JOEL
951 BROKEN SOUND PWY
SUITE 250
BOCA RATON FL 33487**

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

FL

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	REEGER, STEVEN C	
STREET ADDRESS	1350 E. NEWPORT CENTER DR., #200	
CITY-ST-ZIP	DEERFIELD BEACH FL 33442	
TITLE	DV	<input checked="" type="checkbox"/> DELETE
NAME	CHRISTEWSEW, TOM	
STREET ADDRESS	1350 E. NEWPORT CENTER DR.	
CITY-ST-ZIP	DEERFIELD BEACH FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	HELMS, KIM	
STREET ADDRESS	11051 PERWINKLE LN	
CITY-ST-ZIP	TAMARAC FL	
TITLE	DST	<input checked="" type="checkbox"/> DELETE
NAME	HOLM, DRUSILLA	
STREET ADDRESS	1350 E. NEWPORT CENTER DR. #200	
CITY-ST-ZIP	DEERFIELD BEACH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	ELIOT B. Medeles
1.3 STREET ADDRESS	951 Broken Sound Pwy
1.4 CITY-ST-ZIP	Suite 250 Boca Raton, FL 33487
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Roberto Pardo
2.3 STREET ADDRESS	1100 Whitman Lane
2.4 CITY-ST-ZIP	Tamarac, FL 33321
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Brad Rich
3.3 STREET ADDRESS	11020 Sea Hibiscus Ln.
3.4 CITY-ST-ZIP	Tamarac, FL 33322
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 by change, or on an attachment with an address.

SIGNATURE: Eliot B. Medeles 1/23/96 5.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)