## 2004 NOT-FOR-PROFIT CORPORATION

## ANNUAL REPORT

DOCUMENT # N93000005525 CAPTIVA HOMEOWNERS ASSOCIATION, INC.



FILED Jan 20, 2004 8:00 am

**Secretary of State** 

01-20-2004 90080 036 \*\*\*\*61.25

**24102715** 

Principal Place of Business C/O SWIFT MANAGEMENT & SOLUTIONS 1750 UNIVERSITY DR. #205 CORAL SPRINGS, FL 33071

Mailing Address C/O SWIFT MANAGEMENT & SOLUTIONS 1750 UNIVERSITY DR. #205 CORAL SPRINGS, FL 33071

2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01072004 Chq-NP CR2E037 (10/03) Applied For City & State City & State 4. FEI Number 65-0455832 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 Swires of utions MANALMON SWIFT MANAGEMANT SOLUYIONS INC Street Address (P.O. Box Number is Not Acceptable) C/O SWIFT MANAGEMENT & SOLUTIONS 1750 UNIVERSITY DR. #205 CORAL SPRINGS, FL 33071 City 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 (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable 9. Election Campaign Financing Make check payable to Filing Fee is \$61.25 \$5.00 May Be Florida Department of State Due by May 1, 2004 Trust Fund Contribution ÷ 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 PΩ TITLE Delete TITLE ☐ Addition DIFTZ, WAI TER NAME NAME STREET ADDRESS 11010 WHITMAN LANE STREET ADDRESS TAMARAC, FL 33321 CITY-ST-ZIP CITY-ST-ZIP TREASURER TITLE Delete TITLE Change \_\_\_ Addition\_ FRANK VALENTI 10831 SCA HIBISCUS LANE PALADINO, FRANK NAME NAME STREET ADDRESS 10910 JEWL BOX LANE STREET ADDRESS TAMARAC, FL 33321 TAMARAC, FLORIDA 33321 CITY-ST-ZIP CITY-ST-7IP Addition ☐ Delete ☐ Change TITLE TITLE WILDER, NICHOLE NAME 10891 PALM RIDGE LANE STREET ADDRESS STREET ADDRESS TAMARAC, FL 33321 CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE Change □ Addition MASTRONGALLO, CARMEN NAME NAME STREET ADDRESS 11020 JEWEL BOX LANE STREET ADDRESS TAMARAC, FL 33321 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition 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 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 these empowered to execute this report as required by Chapter 617; Florida Statutes; and that my name appears in Block 10 or Block 11 if

SIGNATURE:

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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