

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 19, 2007 8:00 am**  
**Secretary of State**

03-19-2007 90061 017 \*\*\*\*61.25

**DOCUMENT # N93000005525**

1. Entity Name  
**CAPTIVA HOMEOWNERS ASSOCIATION, INC.**



Principal Place of Business  
**11784 W SAMPLE RD  
CORAL SPRINGS, FL 33065 US**

Mailing Address  
**11784 W SAMPLE RD  
CORAL SPRINGS, FL 33065 US**

**40037110**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02142007

Chg-NP

CR2E037 (12/06)

4. FEI Number  
**65-0455832**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**UNITED COMMUNITY MGMT CORP  
11784 W SAMPLE ROAD  
CORAL SPRINGS, FL 33065**

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. ☐

**\$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  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**PTD  
VALENTI, FRANK  
10831 SEA HIBISCUS LANE  
TAMARAC, FL 33321** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**VD  
RYDZEWSKI, RENEE  
11000 SEA HIBISCUS LANE  
TAMARAC, FL 33321** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ Change ☒ Addition  
**D Berk, Lois  
10861 Jewell Box Lane  
Tamarac FL 33321**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**D  
BRISSAN, KARL  
10851 ANGEL WING DRIVE  
TAMARAC, FL 33321** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**D  
TAGER, MIRIAM  
11000 PALM RIDGE LANE  
TAMARAC, FL 33321** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**D  
PINTA, MIKE  
11000 JEWEL BOX LANE  
TAMARAC, FL 33321** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ Change ☒ Addition  
**D Lancy, Bea  
11011 Palm Ridge Lane  
Tamarac, FL 33321**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**D  
DAIONCOUR FIZZANE, KAREN  
10851 JEWEL BOX LANE  
TAMARAC, FL 33321** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ Change ☒ Addition  
**SD**

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: Frank Valenti FRANK VALENTI (PRESIDENT, HOA) 3/12/07 954-868-2363**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #