

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 23, 2003 8:00 am**  
**Secretary of State**

01-23-2003 90205 016 \*\*\*\*61.25

DOCUMENT # N93000005525

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



Principal Place of Business

C/O SWIFT MANAGEMENT  
PO BOX 936544  
MARGATE FL 33093  
US

Mailing Address

C/O SWIFT MANAGEMENT  
PO BOX 936544  
MARGATE FL 33093  
US

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CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

Suite **Swift Management & Solutions**  
**1750 University Dr. #205**  
City & State **Coral Springs, FL 33071**

3. Mailing Address

Suite **Swift Management & Solutions**  
**1750 University Dr. #205**  
City & State **Coral Springs, FL 33071**

4. FEI Number **65-0455832**

Applied For  
 Not Applicable

Zip Country

Zip Country

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

6. Name and Address of Current Registered Agent

**SWIFT MANAGEMANT SOLUYIONS INC**  
**3111 N UNIVERSITY DR #725**  
**POMPANO BEACH FL 33065**

7. Name and Address of New Registered Agent

Name  
Street Address **Swift Management & Solutions**  
**1750 University Dr. #205**  
City **Coral Springs, FL 33071** 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

(NOTE: Registered Agent signature required when reinstating)

DATE **1/7/03**

FILE NOW: FEE IS \$61.25

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	DIETZ, WALTER	
STREET ADDRESS	11010 WHITMAN LANE	
CITY-ST-ZIP	TAMARAC FL 33321	
TITLE	D	<input type="checkbox"/> Delete
NAME	PALADINO, FRANK	
STREET ADDRESS	10910 JEWL BOX LANE	
CITY-ST-ZIP	TAMARAC FL 33321	
TITLE	D	<input type="checkbox"/> Delete
NAME	WILDER, NICHOLE	
STREET ADDRESS	10891 PALM RIDGE LANE	
CITY-ST-ZIP	TAMARAC FL 33321	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	SIEMBAB, FRED	
STREET ADDRESS	10971 BAILEY LANE	
CITY-ST-ZIP	TAMARAC FL 33321	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	RYDZEBOSH, JOSEPH	
STREET ADDRESS	11000 SEA HIBISCUS LANE	
CITY-ST-ZIP	TAMATAC FL 33321	
TITLE	D	<input type="checkbox"/> Delete
NAME	MASTRONGALLO, CARMEN	
STREET ADDRESS	11020 JEWEL BOX LANE	
CITY-ST-ZIP	TAMARAC FL 33321	

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	
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 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 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: Walter Dietz, Pres. 1/7/03 954 341-6340

CR2E037 (10/02)