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Apr 13, 1999 8:00 am
Secretary of State

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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N98000006653

1. Corporation Name

CAPTIVA CONDOMINIUM C ASSOCIATION, INC.

Principal Place of Business

760 N.W. 107 AVE., #201
MIAMI FL 33172

Mailing Address

760 N.W. 107 AVE., #201
MIAMI FL 33172



2. Principal Place of Business

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Suite, Apt. #, etc.

2a. Mailing Address

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Suite, Apt. #, etc.

3. Date Incorporated or Qualified

11/23/1998

4. FEI Number

65-0883173

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

**KTG&S REGISTERED AGENT CORPORATION
NATIONSBANK TOWER
100 S.E. 2ND ST., STE. 2800
MIAMI FL 33131-2144**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83 City

84 State

85 Zip Code

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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) Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	DP
NAME	SLOAN, PATRICIA	1.2 NAME	Joe. mdo do witz
STREET ADDRESS	760 N.W. 107 AVE., #201	1.3 STREET ADDRESS	760 N.W. 107 St 201
CITY-ST-ZIP	MIAMI FL 33172	1.4 CITY-ST-ZIP	Miami, FL 33172
TITLE	DV	2.1 TITLE	
NAME	CRUZ, DEANNA	2.2 NAME	
STREET ADDRESS	760 N.W. 107 AVE., #201	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33172	2.4 CITY-ST-ZIP	
TITLE	DST	3.1 TITLE	
NAME	RODRIGUEZ, ALEX	3.2 NAME	
STREET ADDRESS	760 N.W. 107 AVE., #201	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33172	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **REQUIRED** 1/22/99 305 559 1951

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CR2E037 (1/98)