

FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Apr 13, 1999 8:00 am**  
**Secretary of State**

0034163

NONPROFIT CORPORATION ANNUAL REPORT 1999



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

04-13-1999 90008 048 \*\*\*\*61.25  
 05-04-1999 90147 040 \*\*\*\*61.25

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

2a. Mailing Address

3. Date Incorporated or Qualified

11/23/1998

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

65-088 3173

Applied For

Not Applicable

City & State

City & State

5. Certificate of Status Desired

\$8.75 Additional Fee Required

Zip

Country

Zip

Country

6. Election Campaign Financing

\$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 ~~Pat Fletcher~~  
 82 Street Address (P.O. Box Number is Not Acceptable) ~~2800 S.E. 2nd St~~  
 83 ~~Nations Bank Tower~~  
 84 City ~~Miami~~ **MIAMI** FL 85 Zip Code ~~33131~~ **33131-2144**

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

TITLE DP  DELETE

NAME SLOAN, PATRICIA  
 STREET ADDRESS 760 N.W. 107 AVE., #201  
 CITY-ST-ZIP MIAMI FL 33172

1.1 TITLE  Change  Addition

1.2 NAME Joe. Miodowitz  
 1.3 STREET ADDRESS 760 N.W. 107 St 201  
 1.4 CITY-ST-ZIP Miami, FL 33172

TITLE DV  DELETE

NAME CRUZ, DEANNA  
 STREET ADDRESS 760 N.W. 107 AVE., #201  
 CITY-ST-ZIP MIAMI FL 33172

2.1 TITLE  Change  Addition

TITLE DST  DELETE

NAME RODRIGUEZ, ALEX  
 STREET ADDRESS 760 N.W. 107 AVE., #201  
 CITY-ST-ZIP MIAMI FL 33172

3.1 TITLE  Change  Addition

TITLE  DELETE

NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

4.1 TITLE  Change  Addition

TITLE  DELETE

NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

5.1 TITLE  Change  Addition

TITLE  DELETE

NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

6.1 TITLE  Change  Addition

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: [Signature] REQUIRED

Date: 1/22/99 Daytime Phone #: 305 559 1951

CR2E037 (11/98)