


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90258 023 ****61.25

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1. Entity Name
CAPTIVA CONDOMINIUM C ASSOCIATION, INC.



Principal Place of Business
 10770 NW 66 STREET
 MIAMI, FL 33178 US

Mailing Address
 14275 SW 142ND AVE
 MIAMI, FL 33186

24058428



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 189013
 Suite, Apt. #, etc.

02172004 Chg-NP CR2E037 (10/03)

City & State
PLANTATION, FL

Zip
33318

4. FEI Number
65-0883173

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
**MARS, GARY
 HYMAN, KAPLAN, GANGUILA, SPECTER, MARS
 150 W. FLAGLER ST, MUSEUM TOWER
 MIAMI, FL 33130**

7. Name and Address of New Registered Agent

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

Filing Fee is \$61.25 Due by May 1, 2004

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
DP	EMBI, DIANA	10770 NW 66 ST., #214	MIAMI, FL 33178	<input type="checkbox"/>
DV	FLORES, VICTOR	10770 NW 66 ST., #211	MIAMI, FL 33178	<input checked="" type="checkbox"/>
DS	SISKA, MITHCELL	10770 NW 66 ST., #310	MIAMI, FL 33178	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
VP.D	GARMENDIA, JULIO	10770 NW 66 ST., #112	MIAMI, FL 33178	<input type="checkbox"/>	<input checked="" type="checkbox"/>
STD	ZISKA, MICHELL			<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: *[Signature]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 4/16/04 Daytime Phone # _____