

Captiva Condominium

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 08, 2005 8:00 am
Secretary of State

06-08-2005 90003 006 ****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
P.O. BOX 189013
PLANTATION, FL 33318

50053523



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03082005

Chg-NP

CR2E037 (10/03)

City & State

City & State

4. FEI Number

65-0883173

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

7. Name and Address of New Registered Agent

MARS, GARY
HYMAN, KAPLAN, GANGUILA, SPECTER, MARS
150 W. FLAGLER ST, MUSEUM TOWER
MIAMI, FL 33130

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, 2005

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 DP ☒ Delete
NAME EMBI, DIANA
STREET ADDRESS 10770 NW 66 ST., #214
CITY-ST-ZIP MIAMI, FL 33178

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

TITLE VPD ☐ Delete
NAME GARMENDIA, JULIO
STREET ADDRESS 10770 NW 66 ST., #112
CITY-ST-ZIP MIAMI, FL 33178

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP DORAL, FL 33178

TITLE STD ☐ Delete
NAME ZISKA, MICHELL
STREET ADDRESS 10770 NW 66 ST., #310
CITY-ST-ZIP MIAMI, FL 33178

TITLE PD ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP DORAL, FL 33178

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mitchell Ziska

Date

5/4/05

Daytime Phone #

(305) 593-1985