

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 15, 2006 8:00 am
Secretary of State

08-15-2006 90004 030 ****61.25

DOCUMENT # N98000006653					
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		
2. Principal Place of Business		3. Mailing Address 14275 SW 142 Ave. Suite, Apt. #, etc. Miami, FL 33186			
Suite, Apt. # etc.		City & State			
City & State		Zip		Country USA	
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 BANGUILA, SPECTER, MARS 150 W. FLAGLER ST. MUSEUM TOWER MIAMI, FL 33130			7. Name and Address of New Registered Agent Name: Carlos Triay, Esq. Street Address (P.O. Box Number is Not Acceptable): 3750 N.W. 87 Ave. City: Doral FL Zip Code: 33178		
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's signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2006		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 NAME STREET ADDRESS CITY-ST-ZIP	VPD GARMENDIA, JULIO 10770 NW 66 ST., #112 DORAL, FL 33178	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Hernandez, Yodira 10770 NW 66 ST #406 Doral, FL 33178	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ZISKA, MICHELL 10770 NW 66 ST., #310 DORAL, FL 33178	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD Fernandez, Justavo 10770 NW 66 ST #302 Doral, FL 33178	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	JUL 25 2006 Approved by G/L Code Amount Dates on:	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	J. Tre Jaen, Zenaide 10770 NW 66 ST #309 MIA, FL 33178	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____ President 7/20/06 305-513-4993					
SIGNATURE AND TYPED OR PRINTED NAME OF FINANCING OFFICER OR DIRECTOR Date Daytime Phone #					

40101620



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