


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 08, 2004 8:00 am**  
**Secretary of State**

03-08-2004 90047 035 \*\*\*\*61.25

<b>DOCUMENT #</b> N00000000013	
<b>1. Entity Name</b> CAPTIVA CONDOMINIUM D ASSOCIATION, INC.	

<b>Principal Place of Business</b> C/O MIAMI MANAGEMENT 14275 SW 142ND AVENUE MIAMI FL 33186	<b>Mailing Address</b> C/O MIAMI MANAGEMENT 14275 SW 142ND AVENUE MIAMI FL 33186
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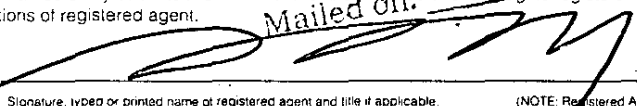
<b>2. Principal Place of Business</b>	<b>3. Mailing Address</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



MOORE CR2E037 (11/03)

<b>4. FEI Number</b> 65-0975143	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
<b>6. Name and Address of Current Registered Agent</b>	
TRILAY, CARLOS 261 ABHAMIPA CIRCLE MIAMI, FL 33134 #1103 33172	
<b>7. Name and Address of New Registered Agent</b>	
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:  Mailed on: 3/10/04

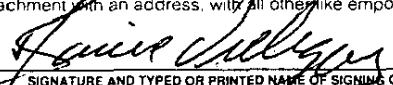
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE

<b>FILE NOW: FEE IS \$61.25</b> <b>Due By May 1, 2004</b>	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	<b>Make Check Payable to</b> <b>Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
<b>TITLE</b> DP	<b>NAME</b> VILLEGAR, JAIME	<input checked="" type="checkbox"/> Delete	
<b>STREET ADDRESS</b> 10720 NW 66 ST., #501	<b>CITY-ST-ZIP</b> MIAMI FL 33178		
<b>TITLE</b> STD	<b>NAME</b> VIDAL, ROLANDO	<input checked="" type="checkbox"/> Delete	
<b>STREET ADDRESS</b> 10720 NW 66 ST., #502	<b>CITY-ST-ZIP</b> MIAMI FL 33178		
<b>TITLE</b> DV	<b>NAME</b> HANSEY-LENARD	<input checked="" type="checkbox"/> Delete	
<b>STREET ADDRESS</b> 10720 NW 66 ST #101	<b>CITY-ST-ZIP</b> MIAMI FL 33178		
<b>TITLE</b> DP	<b>NAME</b> Villegas, Jaime	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>STREET ADDRESS</b> 10720 NW 66 ST #501	<b>CITY-ST-ZIP</b> MIAMI, FL 33178		
<b>TITLE</b> DV	<b>NAME</b> Hansel, Lenard	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>STREET ADDRESS</b> 10720 NW 66 ST #101	<b>CITY-ST-ZIP</b> MIAMI, FL 33178		
<b>TITLE</b> STD	<b>NAME</b> Saldarniaga, Evelyn	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>STREET ADDRESS</b> 10720 NW 66 ST #109	<b>CITY-ST-ZIP</b> MIAMI, FL 33178		
<b>TITLE</b> NAME	<b>STREET ADDRESS</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>CITY-ST-ZIP</b>			
<b>TITLE</b> NAME	<b>STREET ADDRESS</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>CITY-ST-ZIP</b>			
<b>TITLE</b> NAME	<b>STREET ADDRESS</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>CITY-ST-ZIP</b>			

**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:**  **02/10/04** **v786-2016411**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #