2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Feb 23, 2006 8:00 am Secretary of State

| ANNUAL REPORT | | | | | Secretary of State | | | |
|---|---|--|---------------------------------------|--|----------------------------------|----------------------------|----------------------------|--|
| 1. Entity Nam | MENT #713554 CAPTIVA CONSERVATION | | . I | 02-23-2006 90015 012 ****61.25 | | | | |
| 3333 SANIBEL-CAPTIVA ROAD P O B | | Mailing Address P O BOX 839 SANIBEL, FL 33957-08 | 39 | 2 (100 M) (100 M) (100 M) | I sian oxian okun bidi ahan okun | | # ## # # # # | |
| Principal Place of Business 3. Mailin | | 3. Mailing Address | ailing Address | | | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | Suite, Apt. #, etc. | | ng-NP CR2E | E037 (11/05) | | |
| City & State City | | City & State | ity & State | | 7 | <u> </u> | plied For t Applicable | |
| Zip | Country | Zip | Country | untry 5. Certificate of Status Desired [| | \$8.75 Add Fee Required | | |
| | 6. Name and Address of Current | Registered Agent | | 7. Name and Add | ress of New Registere | d Agent | | |
| LINDBLAD, ERICK 3333 SANIBEL-CAPTIVE ROAD SANIBEL, FL 33957 | | | | Street Address (P.O. Box Number is Not Acceptable) | | | | |
| | ·. | City | | FL Zip Code | | | | |
| SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Pilling Fee Is \$61.25 Due by May 1, 2006 Prost Fund Contribution. Added to Fees Florida Department of State | | | | | | | | |
| | Due by May 1, 2006 | | | | • | | | |
| 10. TITLE NAME STREET ADDRESS CITY-ST-ZIP | ST SCHWAB, WARREN 1225 SAND CASTLE RD. SANIBEL, FL 33957 | Delete | NAME \$ STREET ADDRESS | additions/change fresc. Janie 2058 Wild L Sanibal, FL | ime only | DIRECTORS IN Change | Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | AVERY, BRUCE 722 GOPHER WALK WAY SANIBEL, FL 33957 | Delete | NAME STREET ADDRESS CITY-ST-ZIP | T libson, Ronald 6171 Constant 2004 1827, FL | orive. | Change Change | ☐ Addition | |
| TITLENAME STREET ADDRESS CITY-ST-ZIP | VPT FRESE, JANIE 2058 WILD LIME DRIVE SANIBEL, FL 33957 | □ Delete | TITLE NAME STREET ADDRESS | /PT Rodn, Paul Paga Wülfert Cnibel, FL 33 | r-Rd.S- | Change | Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PT HILLEBRANDT, WILLIAM 1355 EAGLE RUN DRIVE SANIBEL, FL 33957 | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | ☐ Change | ☐ Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | ☐ Change | Addition | |
| TITLE | | ☐ Delete | TITLE | | <u> </u> | ☐ Change | ☐ Addition | |

12. I hereby certify that the information supplied with this filling 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.

STREET ADDRESS

CITY-ST-ZIP

| CIC | M | ΛTI | ID | ┏. |
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STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIREC

2/17/06

2314727379

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Daytime Phone #