

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 22, 2006 08:00 A**  
**Secretary of State**

**DOCUMENT # 716313**

1. Entity Name  
**CAPTIVA GULF WAY IMPROVEMENT ASSOCIATION,  
INC.**



Principal Place of Business

% DON HISSAM  
1937 GRACE AVE.  
FORT MYERS, FL 33901

Mailing Address

% DON HISSAM  
1937 GRACE AVE.  
FORT MYERS, FL 33901



01042006 No Chg-NP

CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-1548271**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

HISSAM, DON L.  
1937 GRACE AVE.  
FORT MYERS, FL 33901

**DO NOT WRITE  
IN THIS SPACE**

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, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	TD
NAME	HISSAM, DON L
STREET ADDRESS	1937 GRACE AVENUE
CITY-ST-ZIP	FT MYERS, FL
TITLE	SD
NAME	RIEGERT, BETTY JO
STREET ADDRESS	PO BOX 1025, SANIBEL CAPTIVA RD
CITY-ST-ZIP	CAPTIVA, FL 33924
TITLE	PD
NAME	KING, CHRISTINE
STREET ADDRESS	PO BOX 1025, SANIBEL CAPTIVA RD
CITY-ST-ZIP	CAPTIVA, FL 33924
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

1000000477724  
04/06/06-80062-018 61.25

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:**

*Don L Hissam* **DON L HISSAM**

**3-19-2006**

**239-939-0661**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #