



**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 20, 2007 08:00 AM
Secretary of State

DOCUMENT # 716313 1. Entity Name CAPTIVA GULF WAY IMPROVEMENT ASSOCIATION, INC.	
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Principal Place of Business % DON HISSAM 1937 GRACE AVE. FORT MYERS, FL 33901	Mailing Address % DON HISSAM 1937 GRACE AVE. FORT MYERS, FL 33901
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DO NOT WRITE IN THIS SPACE

	
03172007 No Chg-NP	CR2E037 (4/06)
4. FEI Number 59-1548271	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent HISSAM, DON L. 1937 GRACE AVE. FORT MYERS, FL 33901
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>

Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HISSAM, DON L 1937 GRACE AVENUE FT MYERS, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD RIEGERT, BETTY JO PO BOX 1025, SANIBEL CAPTIVA RD CAPTIVA, FL 33924
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KING, CHRISTINE PO BOX 1025, SANIBEL CAPTIVA RD CAPTIVA, FL 33924
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

<p>U00000673627 03/29/07-80036-017 61.25</p> <p>DO NOT WRITE IN THIS SPACE</p>

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.
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SIGNATURE:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	3-18-2007 <small>Date</small>	239-939-0661 <small>Daytime Phone #</small>
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