2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2009
Secretary of State

DOCUMENT# 746866

Entity Name: CAPTIVA CIVIC ASSOCIATION, INC.

Current Principal Place of Business:

11550 CHAPIN LANE
CAPTIVA, FL 33924 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 778
CAPTIVA, FL 33924 US

New Mailing Address:

FEI Number: 59-6176792 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GARVEY, PAUL E EX DIR
11550 CHAPIN LANE
CAPTIVA, FL 33924 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: DEUTSCHMANN, TOBE C
Address: P.O. BOX 298
City-St-Zip: CAPTIVA, FL 33924

Title: VP ( ) Delete
Name: FENNIMAN, WILLIAM W
Address: P.O. BOX 682
City-St-Zip: CAPTIVA, FL 33924

Title: S ( ) Delete
Name: WELLS, DEBRA
Address: P.O. BOX 875
City-St-Zip: CAPTIVA, FL 33924

Title: D ( ) Delete
Name: GARVEY, PAUL E
Address: P.O. BOX 778
City-St-Zip: CAPTIVA, FL 33924

Title: T ( ) Delete
Name: CUNNINGHAM, JOHN R
Address: P.O. BOX 1208
City-St-Zip: CAPTIVA, FL 33924

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: DEUTSCHMANN, TOBE C
Address: P.O. BOX 778
City-St-Zip: CAPTIVA, FL 33924

Title: T (X) Change ( ) Addition
Name: STANTON, SHIRLEY S
Address: P.O. BOX 778
City-St-Zip: CAPTIVA, FL 33924

Title: S (X) Change ( ) Addition
Name: MORGAN, JEFFREY R
Address: P.O. BOX 778
City-St-Zip: CAPTIVA, FL 33924

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change ( ) Addition
Name: CUNNINGHAM, JOHN R
Address: P.O. BOX 1208
City-St-Zip: CAPTIVA, FL 33924

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PAUL E GARVEY D 04/22/2009

Electronic Signature of Signing Officer or Director — Date