

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

FILED
Jul 13, 2007 08:00 AM
Secretary of State

DOCUMENT # 756938

1. Entity Name
CAPTIVA SHORES CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
**PO BOX 190
SANIBEL, FL 33957 US**

Mailing Address
**PO BOX 190
SANIBEL, FL 33957 US**

DO NOT WRITE IN THIS SPACE



07102007 No Chg-NP

CR2E037 (4/06)

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**STROEMER TUSCAN & COMPANY
8961 CONFERENCE DR
SUITE 2
FORT MYERS, FL 33919**

**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 September 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P BERGHOFF, HERMAN 17 WEST ADAMS ST CHICAGO, IL 60603
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T CAYANNI, PATRICIA 311 SAPPHIRE AVE NEWPORT BEACH, CA 92662
TITLE NAME STREET ADDRESS CITY - ST - ZIP	AT MILLER, MICHAEL 8961 CONFERENCE DR SUITE 2 FORT MYERS, FL 33919
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S PILON, JEAN 6500 W. MEADOW BROOK LANE SEDALIA, CO 80135
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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07/13/07-80010-009 61.25

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Michael P. Miller

7/9/07 239-433-1002