


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90253 031 ****61.25

DOCUMENT # 760767	
1. Entity Name CAPTIVA COVE CONDOMINIUM ASSOCIATION, INC.	

Principal Place of Business CAPTIVA ROAD CAPTIVA, FL 33924 US	Mailing Address ISLAND MGMT. P.O. BOX 100 SANIBEL, FL 33957
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40076970



2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

01112007 Chg-NP CR2E037 (12/06)

4. FEI Number 65-0206213	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
MACKESY, STEVEN J. 711 TARPON BAY RD SANIBEL, FL 33957		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL Zip Code	

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	VPD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARMENIA, JOHN	NAME	
STREET ADDRESS	15631 CAPTIVA ROAD	STREET ADDRESS	
CITY-ST-ZIP	CAPTIVA ISLAND, FL	CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARMENIA, LUCY	NAME	
STREET ADDRESS	15631 CAPTIVA ROAD	STREET ADDRESS	
CITY-ST-ZIP	CAPTIVA ISLAND, FL	CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FOX, ROBERT	NAME	
STREET ADDRESS	415 SOMERSET AVE	STREET ADDRESS	
CITY-ST-ZIP	SAINT LOUIS, MO 63119	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OCHSNER, PETER	NAME	
STREET ADDRESS	6130 ROLLINS CREEK RD	STREET ADDRESS	
CITY-ST-ZIP	LUSTEN, MN 55612	CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARTON, RALPH	NAME	
STREET ADDRESS	511 STEVENSON DRIVE	STREET ADDRESS	
CITY-ST-ZIP	LIBERTYVILLE, IL 60048	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEWART, RICHARD	NAME	
STREET ADDRESS	516 AUBURN AVE	STREET ADDRESS	
CITY-ST-ZIP	WYNDMOOR, PA 19038	CITY-ST-ZIP	

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:

Robert Fox *3/27/07* *239-525020*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #