


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 19, 2007 8:00 am
Secretary of State

03-19-2007 90076 003 ****61.25

DOCUMENT # 766503					
1. Entity Name CAPTIVA HIDE-A-WAY CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 11406 OLD LODGE LANE P. O. BOX 850 CAPTIVA FL 33924		Mailing Address 11406 OLD LODGE LANE P. O. BOX 850 CAPTIVA FL 33924			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2362098	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SKUBAL, MARLENE 11406 OLD LODGE LANE CAPTIVA FL 33924		7. Name and Address of New Registered Agent			
		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 <i>Marlene Skubal</i>		(NOTE: Registered Agent signature required when renewing)		DATE <i>1/29/07</i>	
FILE NOW: 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	
Make Check Payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	VDT	<input checked="" type="checkbox"/> Delete	TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLER, HAROLD		NAME	MASON, JOHN	
STREET ADDRESS	11400 OLD LODGE LANE		STREET ADDRESS	151 WEST HUTCHINSON AVE	
CITY- ST- ZIP	CAPTIVA FL 33924		CITY- ST- ZIP	PITTSBURGH, PA 15219	
TITLE	PD	<input type="checkbox"/> Delete	TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALOFS, MARTHA		NAME	DENICE BEGGS	
STREET ADDRESS	46 GARFIELD AVE		STREET ADDRESS	11400 OLD LODGE LANE	
CITY- ST- ZIP	TORONTO ON CA M4T1E		CITY- ST- ZIP	CAPTIVA, FL 33924	
TITLE	SD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MASON, CINDY		NAME		
STREET ADDRESS	151 WEST HUTCHINSON AVE		STREET ADDRESS		
CITY- ST- ZIP	PITTSBURGH PA 15219		CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: <i>Denice Beggs</i>		Denice Beggs		3/10/07	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Change Phone #	