2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

## Mar 05, 2008 8:00 am **DOCUMENT # 766503** Secretary of State 1. Entity Name 03-05-2008 90035 048 \*\*\*\*61.25 CAPTIVA HIDE-A-WAY CONDOMINIUM ASSOCIATION, INC. Principal Place of Business Mailing Address 11406 OLD LODGE LANE 11406 OLD LODGE LANE P. O. BOX 850 P. O. BOX 850 CAPTIVA FL 33924 CAPTIVA FL 33924 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #. etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/07) City & State City & State Applied For 4. FEI Number 59-2362098 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SKUBAL, MARLENE 11406 OLD LODGE LANE Street Address (P.O. Box Number is Not Acceptable) CAPTIVA FL 33924 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 FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Due By May 1, 2008 Trust Fund Contribution. Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE TITLE ☐ Delete ☐ Change ☐ Addition MASON, JOHN NAME NAME 151 WEST HUTCHINSON AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PITTSBURGH PA 15219 CITY-ST-ZIP PD TITLE ☐ Delate TITLE Change Addition ALOFS, MARTHA NAME NAME 46 GARFIELD AVE STREET ADDRESS STREET ADDRESS CITY-ST-7IP TORONTO ON CA M4T1E CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition MASON, CINDY NAME NAME STREET ADDRESS 151 WEST HUTCHINSON AVE STREET ADDRESS PITTSBURGH PA 15219 CITY-ST-ZIP CITY-ST-ZIP VD TITLE Delete Change TITLE ☐ Addition JOHN BEGGS 11400 OLD LODGE LANE BEGGS, DENICE NAME NAME 11400 OLD LODGE LANE STREET ADDRESS STREET ADDRESS CAPTIVA FL 33924 CITY - ST - ZIP CITY-ST-ZIP TITLE Delete TITLE neilibbA 🔲 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P

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:

2/25/08

FILED