

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 766503

FILED
Jan 26, 2009
Secretary of State

Entity Name: CAPTIVA HIDE-A-WAY CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

11406 OLD LODGE LANE
P. O. BOX 850
CAPTIVA, FL 33924

New Principal Place of Business:

11400 OLD LODGE LANE
P. O. BOX 850
CAPTIVA, FL 33924

Current Mailing Address:

11406 OLD LODGE LANE
P. O. BOX 850
CAPTIVA, FL 33924

New Mailing Address:

11400 OLD LODGE LANE
P. O. BOX 850
CAPTIVA, FL 33924

FEI Number: 59-2362098

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SKUBAL, MARLENE
11406 OLD LODGE 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: TD () Delete
Name: MASON, JOHN
Address: 151 WEST HUTCHINSON AVE
City-St-Zip: PITTSBURGH, PA 15219

Title: PD () Delete
Name: ALOFS, MARTHA
Address: 46 GARFIELD AVE
City-St-Zip: TORONTO ON, CA M4T1E

Title: SD () Delete
Name: MASON, CINDY
Address: 151 WEST HUTCHINSON AVE
City-St-Zip: PITTSBURGH, PA 15219

Title: VD () Delete
Name: BEGGS, JOHN
Address: 11400 OLD LODGE LANE
City-St-Zip: CAPTIVA, FL 33924

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: PD (X) Change () Addition
Name: BEGGS, JOHN
Address: 11400 OLD LODGE LANE
City-St-Zip: CAPTIVA, FL 33924

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

Title: VD (X) Change () Addition
Name: MILLER, HAROLD
Address: 11400 OLD LODGE LANE
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: MARLENE SKUBAL

MGR

01/26/2009

Electronic Signature of Signing Officer or Director

Date