

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 768764

FILED
Sep 11, 2007
Secretary of State

Entity Name: CAPTIVA BEACH HOME OWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

P.O. BOX 832
CAPTIVA, FL 339240146 US

New Principal Place of Business:

11542 LAIKA LANE
CAPTIVA, FL 339240146 US

Current Mailing Address:

P.O. BOX 832
CAPTIVA, FL 339240146 US

New Mailing Address:

FEI Number: 59-2306032 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

PYLE, NATHALIE
11542 LAIKA LANE
CAPTIVA, FL 33924 US

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: P () Delete
Name: PYLE, RICHARD
Address: 11542 LAIKA LANE
City-St-Zip: CAPTIVA, FL 33924

Title: SD () Delete
Name: PYLE, NATHALIE
Address: 11542 LAIKA LANE
City-St-Zip: CAPTIVA ISLAND, FL 33924

Title: TD () Delete
Name: BERGIN, RICHARD,
Address: 11532 WIGHTMAN LANE
City-St-Zip: CAPTIVA ISLAND, FL 33924

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: TD (X) Change () Addition
Name: CHRISTOFF, SOO,
Address: 11547 WIGHTMAN LANE
City-St-Zip: CAPTIVA ISLAND, 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: SOO CHRISTOFF

TD

09/11/2007

Electronic Signature of Signing Officer or Director

Date