2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N00000000013

FILED Aug 20, 2008 Secretary of State

Entity Name: CAPTIVA CONDOMINIUM D ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

CAPTIVA "D" CAPTIVA

10720 NW 66TH ST 10720 NW 66TH ST MIAMI, FL 33178 MIAMI, FL 33178

Current Mailing Address: New Mailing Address:

C/O MIAMI MANAGEMENT 14275 SW 142 AVE MIAMI, FL 33186

FEI Number: 65-0975143 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

TRIAY, CARLOS TRIAY, CARLOS 10570 NW 27 ST 2301 ŃW 87TH AVENUE #103 # 501 MIAMI, FL 33172 US MIAMI, FL 33172 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:

08/20/2008

Electronic Signature of Registered Agent

Date

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

OFFICERS AND DIRECTORS:

() Delete (X) Change () Addition

DP VILLEGAS, JAIME KLARE, STEVE Name: Name: 10720 NW 66 ST., #501 Address: 10720 NW 66 ST., #104 Address: City-St-Zip: MIAMI, FL 33178 City-St-Zip: MIAMI, FL 33178

Title: () Delete Title: STD (X) Change () Addition SALDARRIAGA, EVELYN Name: Name: BAKER, JANE

Address: 10720 NW 66 ST # 109 Address: 10720 NW 66 ST # 207

City-St-Zip: MIAMI, FL 33178 City-St-Zip: MIAMI, FL 33178

Title: DV () Delete Title: (X) Change () Addition MONTEJO, ISRAEL KLARE, STEVE Name: Name:

10720 NW 66 ST 104 10720 NW 66 ST #509 Address: Address: City-St-Zip: MIAMI, FL 33178 City-St-Zip: MIAMI, FL 33178

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: STEVE KLARE **PRES** 08/20/2008