

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000000013

FILED  
Mar 31, 2009  
Secretary of State

Entity Name: CAPTIVA CONDOMINIUM D ASSOCIATION, INC.

**Current Principal Place of Business:**

CAPTIVA  
10720 NW 66TH ST  
MIAMI, FL 33178

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

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

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

TRIAY, CARLOS  
2301 NW 87TH AVENUE  
# 501  
MIAMI, FL 33172 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: DP ( ) Delete  
Name: KLARE, STEVE  
Address: 10720 NW 66 ST., #104  
City-St-Zip: MIAMI, FL 33178

Title: STD ( ) Delete  
Name: BAKER, JANE  
Address: 10720 NW 66 ST # 207  
City-St-Zip: MIAMI, FL 33178

Title: DV ( ) Delete  
Name: MONTEJO, ISRAEL  
Address: 10720 NW 66 ST #509  
City-St-Zip: MIAMI, FL 33178

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

Title: VP (X) Change ( ) Addition  
Name: MONTEJO, ISRAEL  
Address: 10720 NW 66 ST #509  
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

03/31/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date