

**NOT-FOR-PROFIT CORPORATION  
 UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT #** N000000002603 ✓  
 1. Entity Name  
 Captiva Bluff Homeowners Association, Inc.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business 920 Third Street		3. Mailing Address 920 Third Street	
Suite B		Suite B	
City & State Neptune Beach, FL		City & State Neptune Beach, FL	
Zip 32266	Country USA	Zip 32266	Country USA

DO NOT WRITE IN THIS SPACE

4. FII Number 03-0376225		Applied Fee Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

<b>DO NOT WRITE IN THIS SPACE</b>				7. Name and Address of Current Registered Agent			
				Name L. Denise Wallace			
				Street Address (P.O. Box Number is Not Acceptable) 920 Third Street, Suite B			
				City Neptune Beach		FL	Zip Code 32266

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

**SIGNATURE** L. DENISE WALLACE 3-22-02

FEE IS \$61.25 Initial or Amended UBR	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS			
NAME MARK KNOWLES	STREET ADDRESS 3840 Crown Pt Rd, Suite A	CITY STATE ZIP Jacksonville, FL 32257	<b>DO NOT WRITE IN THIS SPACE</b>
NAME DVP	STREET ADDRESS Beverly Holland	CITY STATE ZIP 3840 Crown Pt Rd, Suite A	
NAME DTS	STREET ADDRESS L. Denise Wallace	CITY STATE ZIP 920 Third Street, Suite B	
NAME	STREET ADDRESS	CITY STATE ZIP	
NAME	STREET ADDRESS	CITY STATE ZIP	
NAME	STREET ADDRESS	CITY STATE ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information made available on this report or any supplemental reports is true and accurate and that my signature shall have the same legal effect as if made under oath. I am an officer or director of the corporation or the executor or trustee empowered to execute this report as required by Chapter 017, Florida Statutes, and that my name appears in Block 10 or on an attachment with an address, with all other filers empowered.

**SIGNATURE:** MARK A. KNOWLES 2/26/02 9042420666

CR2E0378 (12/01)