

**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**


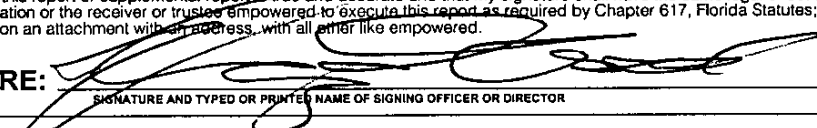
**FILED**  
**Apr 13, 2006 8:00 am**  
**Secretary of State**

04-13-2006 90284 012 \*\*\*\*61.25

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03232006 Chg-NP CR2E037 (11/05)

<b>DOCUMENT # N00000002663</b>					
1. Entity Name CAPTIVA BLUFF HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 920 THIRD STREET STE B NEPTUNE BEACH, FL 32266			Mailing Address 920 THIRD STREET STE B NEPTUNE BEACH, FL 32266		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 03-0376225	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
WALLACE, L. DENISE 920 THRID STREET STE B NEPTUNE BEACH, FL 32266			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL Zip Code		
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
				<b>Make check payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAMPBELL, GINA		NAME		
STREET ADDRESS	2964 CAPTIVA BLUFF RD S		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL 32226		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALFORD, MICHELE		NAME	Alford, Michele	
STREET ADDRESS	12180 CAPTIVA BLUFF RD		STREET ADDRESS	12180 Captiva Bluff Road	
CITY-ST-ZIP	JACKSONVILLE, FL 32226		CITY-ST-ZIP	Jacksonville, Fl 32226	
TITLE	D	<input type="checkbox"/> Delete	TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SNEAD, DAVID G		NAME	Snead, David	
STREET ADDRESS	2923 CAPTIVA BLUFF RD		STREET ADDRESS	2923 Captiva Bluff Road	
CITY-ST-ZIP	JACKSONVILLE, FL 32226		CITY-ST-ZIP	Jacksonville, Fl 32226	
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HEYWARD, KIM		NAME		
STREET ADDRESS	12267 CAPTIVA BLUFF RD		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL 32226		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 			Date: 4/4/06		Daytime Phone #: 714-4471
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					