

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 10, 2003 8:00 am
Secretary of State

04-10-2003 90087 032 ****61.25

DOCUMENT # N00000002663

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**

J0000819



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **03-0376225**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75 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 **L.DENISE WALLACE**

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

L Denise Wallace

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

2/20/03

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DP	<input type="checkbox"/> Delete
NAME	KNOWLES, MARK A	
STREET ADDRESS	3840 CROWN POINT RD., STE. A	
CITY-ST-ZIP	JACKSONVILLE FL 32257	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	HOLLAND, BEVERLY J	
STREET ADDRESS	3840 CROWN POINT RD., STE. A	
CITY-ST-ZIP	JACKSONVILLE FL 32257	
TITLE	DST	<input type="checkbox"/> Delete
NAME	WALLACE, L. DENISE	
STREET ADDRESS	9551 BAYMEADOWS RD., STE. 4	
CITY-ST-ZIP	JACKSONVILLE FL 32256	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE: MARK A KNOWLES 2/20/03

CR2E037 (10/02)

UBR00023