

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2006 8:00 am
Secretary of State

04-27-2006 90162 043 ****61.25

DOCUMENT # N00000003117					
1. Entity Name CAPTIVA BAY VILLAS CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 15067 CAPTIVA DRIVE SANIBEL, FL 33924			Mailing Address POST OFFICE BOX 100 SANIBEL, FL 33957		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	01232006 Chg-NP CR2E037 (11/05)	
4. FEI Number 65-1025601				<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
es MACKLEY, STEVEN 711 TARPON BAY RD. SANIBEL, FL 33957			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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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 PD NAME MILLER, HAROLD STREET ADDRESS 1426 SALEM LANE SW CITY-ST-ZIP ROCHESTER, MN 55902	<input type="checkbox"/> Delete		TITLE TD NAME [blank] STREET ADDRESS [blank] CITY-ST-ZIP [blank]	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME NIESEL, CHESTER STREET ADDRESS FOX ISLAND PLACE, SEVEN S STOLP CITY-ST-ZIP AURORA, IL 60506	<input type="checkbox"/> Delete		TITLE [blank] NAME [blank] STREET ADDRESS [blank] CITY-ST-ZIP [blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE STD NAME WILDMAN, DONALD STREET ADDRESS 830 ANGEL WING DRIVE CITY-ST-ZIP SANIBEL, FL 33957	<input type="checkbox"/> Delete		TITLE [blank] NAME [blank] STREET ADDRESS [blank] CITY-ST-ZIP [blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME O'BRIEN, JOSEPH JR STREET ADDRESS 11400 OLD LODGE LANE, UNIT 1A CITY-ST-ZIP CAPTIVA, FL 33924	<input checked="" type="checkbox"/> Delete		TITLE [blank] NAME [blank] STREET ADDRESS [blank] CITY-ST-ZIP [blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME DALE, JOHN STREET ADDRESS P.O. BOX 370 CITY-ST-ZIP CAPTIVA, FL 33924	<input type="checkbox"/> Delete		TITLE PD NAME [blank] STREET ADDRESS [blank] CITY-ST-ZIP [blank]	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE [blank] NAME [blank] STREET ADDRESS [blank] CITY-ST-ZIP [blank]	<input type="checkbox"/> Delete		TITLE [blank] NAME [blank] STREET ADDRESS [blank] CITY-ST-ZIP [blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: 4/11/06		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
JOHN DALE					