2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2007
Secretary of State

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Entity Name: CAPTIVA ISLAND PROPERTY OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

11000 CAPTIVA DR.
CAPTIVA, FL 33924

New Principal Place of Business:

17081 CAPTIVA DR.
CAPTIVA, FL 33924

Current Mailing Address:

PO BOX 72
CAPTIVA, FL 339240072

New Mailing Address:

FEI Number: 65-1042957 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

COSTELLO, JAMES M
2069 FIRST STREET
SUITE 301
FORT MYERS, FL 33901 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:	MILLER, HAROLD E JR	
Address:	P.O. BOX 656	
City-St-Zip:	CAPTIVA, FL 33924	
Title:	D	( ) Delete
Name:	STUART, SUSAN	
Address:	PO BOX 490	
City-St-Zip:	CAPTIVA, FL 33924	
Title:	DS	( ) Delete
Name:	SMITH, ELAINE	
Address:	PO BOX 1133	
City-St-Zip:	CAPTIVA, FL 33924	
Title:	D	( ) Delete
Name:	JENSEN, DAVID	
Address:	PO BOX 191	
City-St-Zip:	CAPTIVA, FL 33924	
Title:	D	( ) Delete
Name:	CUTLER, STEPHEN	
Address:	PO BOX 488	
City-St-Zip:	CAPTIVA, FL	
Title:	DT	( ) Delete
Name:	MIVILLE, RENE	
Address:	PO BOX 9	
City-St-Zip:	CAPTIVA, FL	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

I hereby certify that the information supplied with this filing does not qualify for the 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: RENE MIVILLE DT 01/12/2007
Electronic Signature of Signing Officer or Director — Date