

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000006601

FILED
Jan 16, 2009
Secretary of State

Entity Name: CAPTIVA ISLAND PROPERTY OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

17081 CAPTIVA DR.
CAPTIVA, FL 33924

New Principal Place of Business:

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: D (X) Change () Addition
Name: CUTLER, STEPHEN
Address: PO BOX 488
City-St-Zip: CAPTIVA, FL 33924

Title: DT (X) Change () Addition
Name: MIVILLE, RENE
Address: PO BOX 9
City-St-Zip: CAPTIVA, FL 33924

I hereby certify that the information supplied with this filing does not qualify 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

01/16/2009

Electronic Signature of Signing Officer or Director

Date