

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 17, 2005 8:00 am**  
**Secretary of State**

02-17-2005 90020 020 \*\*\*\*61.25



**DOCUMENT # N0100000276**

1. Entity Name

**CAPTIVA CONDOMINIUM E ASSOCIATION, INC.**

Principal Place of Business

10710 NW 66 STREET  
 MIAMI FL 33178

Mailing Address

14275 SW 142 AVE  
 MIAMI FL 33186

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

65-1093729

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional Fee Required**

40019582



1st MOORE

CR2E037 (10/04)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**TRIAI, CARLOS**  
 10570 NW 27 STREET  
 #103  
 MIAMI FL 33172

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2005**

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

|                |                       |  |
|----------------|-----------------------|--|
| TITLE          | DP                    | <input type="checkbox"/> Delete            |
| NAME           | ANTOS, TED            |  |
| STREET ADDRESS | 10710 NW 66 ST., #501 |  |
| CITY-ST-ZIP    | MIAMI FL 33178        |  |
| TITLE          | DST                   | <input checked="" type="checkbox"/> Delete |
| NAME           | QUINONES, HELEN       |  |
| STREET ADDRESS | 10710 NW 66 ST., #405 |  |
| CITY-ST-ZIP    | MIAMI FL 33178        |  |
| TITLE          | VD                    | <input checked="" type="checkbox"/> Delete |
| NAME           | SUAREZ, PATRICIA      |  |
| STREET ADDRESS | 10710 NW 66 ST., #113 |  |
| CITY-ST-ZIP    | MIAMI FL 33178        |  |
| 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    |                       |  |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|                |                      |  |
|----------------|----------------------|--|
| TITLE          |                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                      |  |
| STREET ADDRESS |                      |  |
| CITY-ST-ZIP    |                      |  |
| TITLE          | DST                  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | Pouney, Charles      |  |
| STREET ADDRESS | 10710 NW 66 ST # 405 |  |
| CITY-ST-ZIP    | Miami, FL 33178      |  |
| TITLE          | VD                   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | CAMPIS, Adreina      |  |
| STREET ADDRESS | 10710 NW 66 ST # 304 |  |
| CITY-ST-ZIP    | Miami, FL 33178      |  |
| TITLE          |                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                      |  |
| STREET ADDRESS |                      |  |
| CITY-ST-ZIP    |                      |  |
| TITLE          |                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                      |  |
| STREET ADDRESS |                      |  |
| CITY-ST-ZIP    |                      |  |
| TITLE          |                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 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:** Ted Antos 2/9/05 305-513 4993  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #