

04-28-2003 91524 041 ***61.25

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

4/28/
 4/

DOCUMENT # **NO1000000276** ✓
 1. Entity Name
CAPTIVA CONDOMINIUM E ASSOCIATION INC

DO NOT WRITE IN THIS SPACE

55050471 [REDACTED]

2. Principal Place of Business
10710 NW 66 ST
 Suite, Apt. #, etc.

3. Mailing Address
14275 SW 142 AVE
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
MIAMI FL

City & State
MIAMI FL

4. FEI Number
65-1093729
 Applied For
 Not Applicable

Zip
33178

Country
USA

Zip
33186

Country
USA

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
 Name **CARLOS TRIAY**
 Street Address (P.O.-Box Number is Not Acceptable)
10570 SW 27 ST
#103
 City **Miami** FL Zip Code **33172**

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 

DATE **4/8/03**

FEE (\$81.25)
 Initial or Amended UBR

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
PRESIDENT
 NAME
KENNETH O'GORMAN
 STREET ADDRESS
10710 NW 66 ST #204
 CITY-ST-ZIP
MIAMI FL 33178

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
VICE PRESIDENT
 NAME
Patricia Suarez
 STREET ADDRESS
10710 NW 66 ST #113
 CITY-ST-ZIP
MIAMI FL 33178

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
SECRETARY
 NAME
LEONOR ORTEGA
 STREET ADDRESS
10710 NW 66 ST #204
 CITY-ST-ZIP
MIAMI FL 33178

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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TITLE
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 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 on an attachment with an address, with all other like empowered.

SIGNATURE: 
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2037B (12/02)