


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 01, 2005 08:00 AM
Secretary of State

DOCUMENT # N01000002021

1. Entity Name
CAPTIVA LAKES VILLAS CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business 9360 SUNSET DRIVE 252 MIAMI, FL 33173	Mailing Address 9360 SUNSET DRIVE 252 MIAMI, FL 33173
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DO NOT WRITE IN THIS SPACE



01072005 No Chg-NP CR2E037 (10/03)

4. FEI Number 65-1081499	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**MELONI, EDO
 900 SW 40TH AVE.
 PLANTATION, FL 33317**

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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 reinstating) _____ DATE _____

**Filing Fee is \$61.25
 Due by May 1, 2005**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

U00000209138
 02/02/05-80027-001 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MESA HUMBERTO 9360 SUNSET DR., STE 252 MIAMI, FL 33173
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DOVAL, MARIA 9360 SUNSET DR., STE 252 MIAMI, FL 33173
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HACES, KAREL 9360 SUNSET DR., STE 252 MIAMI, FL 33173
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: Humberto Mesa _____
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #