## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N01000002021

FILED Jan 24, 2006 Secretary of State

Entity Name: CAPTIVA LAKES VILLAS CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business: New Principal Place of Business:** 

9360 SUNSET DRIVE 9415 SUNSET DRIVE

252 149

MIAMI, FL 33173 MIAMI, FL 33173

**Current Mailing Address: New Mailing Address:** 

9360 SUNSET DRIVE 9415 SUNSET DRIVE

149

MIAMI, FL 33173 MIAMI, FL 33173

FEI Number: 65-1081499 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

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

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:

Name:

Date

Electronic Signature of Registered Agent

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

## **OFFICERS AND DIRECTORS:**

( ) Delete

(X) Change ( ) Addition

BAUTISTA, ESTHER Name: NUNEZ, IVAN

9360 SUNSET DR., STE 252 Address: 9415 SUNSET DR., STE 149 Address:

City-St-Zip: MIAMI, FL 33173 City-St-Zip: MIAMI, FL 33173

Title: TD () Delete Title: (X) Change ( ) Addition

Name: DOVAL, MARIA Name: NIZ, MARIA

Address: 9360 SUNSET DR., STE 252 Address: 9415 SUNSET DR., STE 149

City-St-Zip: MIAMI, FL 33173 City-St-Zip: MIAMI, FL 33173

Title: () Delete Title: (X) Change ( ) Addition HACES, KAREL Name: HACES, KAREL Name:

9360 SUNSET DR., STE 252 9415 SUNSET DR., STE 149 Address: Address:

City-St-Zip: MIAMI, FL 33173 City-St-Zip: MIAMI, FL 33173

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: MARIA NIZ **VPS** 01/24/2006