2005 NOT-FOR-PROFIT CORPORATION

DOCUMENT # No100004589  1. City Netice CAPTIVA CONDOMINIUM F ASSOCIATION, INC.  Principal Place of Business  Maing Address  MAIN (107TH AVENUE MASK F1, SSI 72  MAIN (107TH AVENUE MASK F1, MAIN (107TH AVENUE MASK F1, MAIN (107TH MASK F1,		ANNUAL F	- PROPERT	FEB 0.3 2005					
Principal Flace of Dustines  Mailing Address  Surre Su			DATE REC	b 14, 2004	5 08:0	DAM 28			
Sea Number and Addresses of Correct Registered Agent  MARIFL 33180  City & State  City & Country  City & Count	CAPTIVA CONDOMINIUM F ASSOCIATION, INC.					<del>- Secr</del> etar	y-01- <del>31</del>	<del></del>	
14375 SN 142 AVE   14375 SN 14	Principal Plac	ce of Business	Mailing Address		APPROVE	OBY: /	<del></del> -	······································	
Sultes Apt. 8, etc.  Sultes Apt. 8, etc.  City & State  Ci	SUITE 201					CK DATE 2/3	MAIL DATE	<u> 2/11/0</u> 5 bW)	
City & State  City & State  City & State  City & State  Country  C	2. Principal Place of Business 3. Ma		3. Mailing Address	Mailing Address					
The Applicable Service of Country	Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		OORE CR2E	037 (10/04)		
Second Second Processes   Second Processes   Second Second Processes   Second Second Processes   Second Second Processes   Second Address of New Registered Agent   Second Agent   S	City & State		City & State	City & State		6-1629731	نسلسما		
MARS, GARY M ESQ 150 W FLAGLER ST. ### ZPD MIMMI FL 33180  8. The above named endity automits this statement for the purpose of changing its registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered agent, or gistered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered agent, or gistered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered agent, or gistered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered agent, or both and accept the obligations of Fiorida. I am familiar with, and accept the obligations of	Zip	Country	Zip *	Country			\$8.75 Add	litional	
MARS, GARY M ESQ 150 W FLAGLER ST. #2701 MIAMI FL 33180  City FL Zip Code  6. The above named entity submits this statement for this purpose of changing its registered agent, or both, in the State of Florida. Lam familiar with, and accept the obligations of registered agent.  SIGNATURE  FILE NOW: FEE IS \$61.25  Due By May 1, 2005  B. Election Compatign Financing Trust Fund Contribution.  By Department of State  10. OFFICENS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICENS AND DIRECTORS  10. OFFICENS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICENS AND DIRECTORS IN IONAL SAMPSON, MARYUN  SAMPSON, MARYUN  SAMPSON, MARYUN  SIRVI JUNE ST. #101  SIRVI JUNE ST. #101  Delete MARK  WEINBERG, JOSEPH  MIAMI FL 33178  CITY 51 JP  M	<del></del>	6. Name and Address of Curren	t Registered Agent	<u> </u>	7. Name and Add	ress of New Registers		<u> </u>	
## 150 W FLAGLER ST. ## 2701 MIAMI FL 33180    City   FL   Zip Code					Name				
### ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10    Proceedings   Proceded   Proceedings   Proceedings   Proceedings   Proceedings   Proceedings   Proceded   Proceedings   Proceedings   Proceded   Proceedings   Proceded   Proce	150	W FLAGLER ST.		Street Addres	s (P.O. Box Number is i	P.O. Box Number is Not Acceptable)			
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent or registered agent, or both, in the State of Florida. I am familiar with, and accept the both properties of registered agent.  SIGNATURE  FILE NOW: FEE IS \$61.25								<u> </u>	
SIGNATURE				City		F	L Zip Cod	е	
Signature, Merchand agent and all of Respillable   Month   State   Make Check Payable   Trust Fund Contribution.     S5,00 May Be Added to Food   State   Make Check Payable   Trust Fund Contribution.     S5,00 May Be Added to Food   State   S6,00 May Be Added to Food   State   S6,00 May Be Added to Food   State   S6,00 May Be Added to Food   S6,00 May Be S6,00 MARVIN   S6,00 MARVIN   S6,00 May S6,00 M			or the purpose of changing its	registered office or regis	tered agent, or both, in	the State of Florida. I a	m familiar with,	and accept	
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10.		Signature, typed or printed name of registered agen	t and tille if applicable (NOT	F Registered Agent signature requi	ired when reinstating)	DATI	E	an e ye imakyo e	
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NAME   SAMPSON, MARVIN   1070 NW 66 ST, #101   MIAMI FL 33178	10.	OFFICERS AND D	IRECTORS	11.	ADDITIONS/CHANG	S TO OFFICERS AND	DIRECTORS IN	10	
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Indicated on this report of 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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 2.7.05 305-593.4993 Days Days Provine -