## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

## DOCUMENT # N01000004589 Feb 08, 2007 08:00 AM 1. Enlity Name **Secretary of State** CAPTIVA CONDOMINIUM F ASSOCIATION, INC. Principal Place of Business Mailing Address 760 N.W. 107TH AVENUE SUITE 201 MIAMI FL 33172 14375 SW 142 AVE MIAMI FL 33186 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/06) Applied For City & State City & State 4. FEI Number 16-1629731 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MARS, GARY M ESQ Street Address (P.O. Box Number is Not Acceptable) 150 W FLAGLER ST. #2701 MIAMI FL 33180 Zip Codo 8. The above named entity submits this statement for the purpose of changing its registered effice 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 trite it applicable. (NOTE Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution Due By May 1, 2007 Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11 ☐ Change ☐ Addition THIF PΩ ☐ Delete THE NAME NAME SAMPSON, MARVIN U00000628953 02/16/07-80037-017 **61.2**5 STREET ADDRESS STREET ADDRESS 1070 NW 66 ST. #101 CITY - ST-ZIP CITY-ST-ZIP **MIAMI FL 33178** ☐ Delete Change ☐ Addition TITLE NAME DEJONGH, ARTURO NAME STREET ADDRESS 1070 NW 66 ST., #513 STREET ADDRESS CITY-ST-7IP CITY-ST-7IP M!AMI FL 33178 THLE ☐ Delete ☐ Change ☐ Addition TITLE NAME WEINBERG, JOSEPH NAME STREET ADDRESS STREET ADDRESS 10700 NW 66 ST., #105 CITY - ST- ZIP CITY-ST-ZIP **MIAMI FL 33178** ☐ Change ☐ Addition THIE ☐ Delete THLE NAME STREET AODRESS STREET ADDRESS C(JY-SI-Z(P CITY-ST-ZIP □ Change TITLE Delete IIILE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - S1 - ZIP CITY-ST-ZIP Change IIIE Delete 111112 ■ AddItion NAME STREET ADDRESS STREET ADDRESS CITY-S1-7IP CITY-ST-ZIP

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12. I hereby certify that the information supplied with this filing does not qualify for the examptions contained in Section 119, 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 each; 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 tike expowered.

SIGNATURE:

Maximum 129107 513-499.