



# 2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # N03000009903</b> 1. Entity Name <b>CAPTIVA VILLAS CONDOMINIUM ASSOCIATION, INC.</b>						<b>FILED</b> <b>06 DEC 13 PM 4:57</b> <b>SEC. TALLAH</b>	
Principal Place of Business <b>C/O STEVEN M. FALK, ESQ.</b> <b>850 PARK SHORE DRIVE</b> <b>NAPLES, FL 34103</b>				Mailing Address <b>C/O STEVEN M. FALK, ESQ.</b> <b>850 PARK SHORE DRIVE</b> <b>NAPLES, FL 34103</b>			
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.		 <b>REINSTATEMENT 2006</b> 1-152006 REIN-NE CR2E099 (11/05)			
City & State		City & State					
Zip	Country	Zip	Country				
4. FEI Number <b>06-1687137</b>				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent  <b>FALK, STEVEN M ESQ.</b> <b>C/O ROETZEL &amp; ANDRESS</b> <b>850 PARK SHORE DRIVE</b> <b>NAPLES, FL 34103</b>				7. Name and Address of New Registered Agent Name <b>R+A Agents, Inc.</b> Street Address (P.O. Box Number is Not Acceptable) <b>c/o Steven M. Falk</b> <b>850 Park Shore Drive, Suite 300</b> City <b>Naples</b> FL Zip Code <b>34103</b>			
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. <b>R+A Agents, Inc.</b> SIGNATURE <b>By: S. M. Falk</b> DATE <b>11/15/06</b> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>							
<b>FILE NOW!!! FEE IS \$236.25</b> <b>After January 1, 2007, Fee will be \$297.50</b>				<b>Make check payable to</b> <b>Florida Department of State</b>			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CONTI, RICHARD C 45 W. PROSPECT AVE. SUITE 1500 CLEVELAND, OH 441151039 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Smith Joseph F.</b> <b>45 W Prospect Ave Suite 1515</b> <b>Cleveland, OH 44115</b>				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <input type="checkbox"/> Delete BOYKIN, ROBERT W 45 W. PROSPECT AVE. SUITE 1500 CLEVELAND, OH 441151039	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>000082494010</b> <b>12/12/06--01057--003 **236.25</b>				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD <input checked="" type="checkbox"/> Delete VALENTINE, RUSS C 45 W. PROSPECT AVE. SUITE 1500 CLEVELAND, OH 441151039	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>30 Sabroff, Grant L.</b> <b>45 W Prospect Ave, Suite 1515</b> <b>Cleveland, OH 44115</b>				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD <input checked="" type="checkbox"/> Delete ALEXANDER, ANDREW C 45 W. PROSPECT AVE. SUITE 1500 CLEVELAND, OH 441151039	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Smith, Gregory R.</b> <b>45 W. Prospect Ave, Suite 1515</b> <b>Cleveland, OH 44115</b>				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T <input checked="" type="checkbox"/> Delete JONES, SHEREEN P 45 W. PROSPECT AVE. SUITE 1500 CLEVELAND, OH 441151039	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental reports 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: <b>Greg R. Smith</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date <b>12/11/06</b> Daytime Phone # <b>216 241-6375</b>			