


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2008 8:00 am
Secretary of State

03-24-2008 90057 014 ****61.25

DOCUMENT # N05000000793		
1. Entity Name CAPTIVA CONDOMINIUM ASSOCIATION, INC.		

Principal Place of Business %PROPERTY SERVICES INC 8641 BAYPINE ROAD SUITE 1 JACKSONVILLE, FL 32256 US	Mailing Address %PROPERTY SERVICES INC 8641 BAYPINE ROAD SUITE 1 JACKSONVILLE, FL 32256 US
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

40051063



01142008 Chg-NP CR2E037 (12/06)

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
PROPERTY SERVICES, INC. 8641 BAYPINE ROAD SUITE 1 JACKSONVILLE, FL 32256		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	

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, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS VALDEZ, CHRISTOPHER <input type="checkbox"/> Delete 3401 TOWNSEND BOULEVARD SUITE 202 JACKSONVILLE, FL 32277	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Valdez, Christopher <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3401 Townsend Blvd #202 Jacksonville, FL 32277
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ROSS, ROSHOD <input checked="" type="checkbox"/> Delete 3401 TOWNSEND BOULEVARD SUITE 313 JACKSONVILLE, FL 32277	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MANZER, PAM <input type="checkbox"/> Delete 3401 TOWNSEND BLVD., SUITE 301 JACKSONVILLE, FL 32277	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	Ts moriarty, chantal <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 3401 Townsend Blvd #401 Jacksonville, FL 32277
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
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 on 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 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:  **3/20/08** **904-731-9500**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #