

2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED

08 JUL 18 PM 3:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # N93000005525

1. Entity Name
CAPTIVA HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business
11784 W SAMPLE RD
CORAL SPRINGS, FL 33065 US

Mailing Address
11784 W SAMPLE RD
CORAL SPRINGS, FL 33065 US

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

07022008 Chg-NP CR2E037 (12/06)

4. FEI Number
65-0455832

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

UNITED COMMUNITY MGMT CORP
11784 W SAMPLE ROAD
CORAL SPRINGS, FL 33065

7. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Amended AR is \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	PTD	<input checked="" type="checkbox"/> Delete
NAME	VALENTI, FRANK	
STREET ADDRESS	10831 SEA HIBISCUS LANE	
CITY-ST-ZIP	TAMARAC, FL 33321	
TITLE	D	<input type="checkbox"/> Delete
NAME	BERK, LOIS	
STREET ADDRESS	10861 JEWEL BOX LANE	
CITY-ST-ZIP	TAMARAC, FL 33321	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BRISSAN, KARL	
STREET ADDRESS	10851 ANGEL WING DRIVE	
CITY-ST-ZIP	TAMARAC, FL 33321	
TITLE	D	<input type="checkbox"/> Delete
NAME	TAGER, MIRIAM	
STREET ADDRESS	11000 PALM RIDGE LANE	
CITY-ST-ZIP	TAMARAC, FL 33321	
TITLE	D	<input type="checkbox"/> Delete
NAME	LANCY, BEA	
STREET ADDRESS	11011 PALM RIDGE LANE	
CITY-ST-ZIP	TAMARAC, FL 33321	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	DAIONCOUR FIZZANE, KAREN	
STREET ADDRESS	10851 JEWEL BOX LANE	
CITY-ST-ZIP	TAMARAC, FL 33321	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PTD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Joliff, Jeanne	
STREET ADDRESS	11031 Periwinkle Lane	
CITY-ST-ZIP	Tamarac, FL 33321	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	100133396181	
STREET ADDRESS	07/24/08--01032--006 **61.25	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Cambareri, Rocco	
STREET ADDRESS	11020 Periwinkle Lane	
CITY-ST-ZIP	Tamarac, FL 33321	

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 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

Date

Daytime Phone #