

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000004144

FILED
Jan 07, 2009
Secretary of State

Entity Name: CAPTIVA COVE HOMEOWNER'S ASSOCIATION, INC.

Current Principal Place of Business:

C/O JOSEPH NAPIER
10 E LUCILE ST.
FORT WALTON BEACH, FL 325484492 US

New Principal Place of Business:

Current Mailing Address:

CAPTIVA HOME OWNERS ASSOC
P.O. BOX 4123
FT WALTON BEACH, FL 32549 US

New Mailing Address:

FEI Number: 59-3299661

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHESSER, D. MICHAEL
1201 EGLIN PKWY
SHILIMAR, FL 32579 US

Name and Address of New Registered Agent:

CHESSER, D. MICHAEL
1201 EGLIN PKWY
SHALIMAR, FL 32579 US

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.

SIGNATURE:

01/07/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: NAPIER, JOSEPH
Address: 10E LUCILE STREET
City-St-Zip: FORT WALTON BEACH, FL 32548

Title: VSD () Delete
Name: LEWIS, CLAY
Address: 12 E LUCILLE ST
City-St-Zip: FORT WALTON BEACH, FL 32548

Title: TD () Delete
Name: HOOD, DONALD
Address: 12A LUCILE STREET
City-St-Zip: FORT WALTON BEACH, FL 32548

Title: D (X) Delete
Name: PENLAND, MIKE
Address: 12 F LUCILE ST
City-St-Zip: FORT WALTON BEACH, FL 32548

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: NAPIER, JOSEPH S
Address: 10 E LUCILE STREET
City-St-Zip: FORT WALTON BEACH, FL 32548

Title: VD (X) Change () Addition
Name: GOOTEE, JOSEPH C
Address: 10 C LUCILLE ST
City-St-Zip: FORT WALTON BEACH, FL 32548

Title: TD (X) Change () Addition
Name: HOOD, DONALD E
Address: 12 A LUCILE STREET
City-St-Zip: FORT WALTON BEACH, FL 32548

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DONALD E HOOD

TD

01/07/2009

Electronic Signature of Signing Officer or Director

Date