2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N9600000341

FILED Mar 02, 2009 Secretary of State

Entity Name: CAPTIVA BEACH VILLAS CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

15555 CAPTIVA DRIVE, UNIT E 15557 CAPTIVA DRIVE, CAPTIVA, FL 33924 CAPTIVA, FL 33924

Current Mailing Address: New Mailing Address:

P.O. BOX 1661 SANIBEL, FL 33957

FEI Number: 65-0641653 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

VALENTINO, PAUL
15555 CAPTIVA DRIVE, UNIT E
CAPTIVA, FL 33924 US

VALENTINO, PAUL
15557CAPTIVA DRIVE
CAPTIVA, FL 33924 US

CAPTIVA, FL 33924 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: 03/02/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Fitle: PD () Delete Title: PD (X) Change () Addition

 Name:
 VALENTINO, PAUL
 Name:
 VALENTINO, PAUL

 Address:
 15555 CAPTIVA DRIVE, UNIT E
 Address:
 15557 CAPTIVA DRIVE

City-St-Zip: CAPTIVA, FL 33924 City-St-Zip: CAPTIVA, FL 33924

Title: STD () Delete Title: VP (X) Change () Addition Name: WEINER, MICHAEL Name: EICHENBERGER, CARL

Address: 15867 CAPTIVA DRIVE Address: 15555 CAPTIVA DRIVE
City-St-Zip: CAPTIVA, FL 33924 City-St-Zip: CAPTIVA, FL 33924

 $\label{eq:title:Title:$

 Name:
 VALENTINO, ELVIRA
 Name:
 LARSON, VIRGINIA

 Address:
 15555 CAPTIVA DRIVE, UNIT E
 Address:
 15553 CAPTIVA DRIVE

 City-St-Zip:
 CAPTIVA, FL 33924
 City-St-Zip:
 CAPTIVA, FL 33924

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: JEFF MCDERMOTT CAM 03/02/2009