من الميكرو

## 2006 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**



Apr 24, 2006 8:00 am Secretary of State

**FILED** 

DOCUMENT # N9600005919  1. Entity Name CAPTIVA AT TOPS'L HOMEOWNERS' ASSOCIATION, INC.				04	-24-2006 90419 02:	9 ****61.2	25	
9001 HWY 98 WEST 9001		Mailing Address 9001 HWY 98 WEST DESTIN, FL 32550 L	001 HWY 98 WEST		ANNI AANNI AANN AANNI AANN AANNI	 	<b>                                    </b>	
2. Principal Place of Business 3. Ma		3. Mailing Address	Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		hg-NP CR2E0	37 (11/05)		
City & State		City & State		4. FEI Number 59-341982	4. FEI Number Applied For 59-3419820 Not Applicable			
Zip	Country	Zip	Country	5. Certificate of Status Desired   \$8.75 Additional Fee Required				
	6. Name and Address of Current F	Registered Agent		7. Name and Add	lress of New Registered	Agent		
GRIMSLEY, JAMES W 25 WALTER MARTIN ROAD NE FORT WALTON BEACH, FL 32548				Name Street Address (P.O. Box Number is Not Acceptable)				
	<del>-</del>							
			City	FL Zip Code				
	named entity submits this statement for ions of registered agent.	the purpose of changing its r	egistered office or	registered agent, or both, in	the State of Florida. I am	familiar with,	and accept	
SIGNATURE .	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE:	Registered Agent signatu	re required when reinstating)	DATE			
	Filing Fee is \$61.25 Due by May 1, 2006		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 DIR	ECTORS	11.	ADDITIONS/CHANG	ES TO OFFICERS AND D	IRECTORS IN	10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	FORSDICK, H. LANCE 850 RIDGE LAKE BLVD STE 300				RIDGE LAKE BLVD, STE 220 MPHIS, TN 38120			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD WYNN, WILLIAM 940 HWY. 98 EAST UNIT #92 DESTIN, FL 32541	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GRIMSLEY, JAMES W 25 WALTER MARTIN ROAD, NE FORT WALTON BEACH, FL 325	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			□ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
TITLE NAME STREET ADDRESS		☐ Delete	TITLE NAME			☐ Change	Addition	

12. Thereby 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:

Have Joseph Skinature and typed or printed name of signing officer or director