


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2007 8:00 am
Secretary of State

04-09-2007 90057 033 ****61.25

DOCUMENT # N96000005919	
1. Entity Name CAPTIVA AT TOPS'L HOMEOWNERS' ASSOCIATION, INC.	

Principal Place of Business 9001 HWY 98 WEST DESTIN, FL 32550 US	Mailing Address 9001 HWY 98 WEST DESTIN, FL 32550 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

01242007 Chg-NP CR2E037 (12/06)

4. FEI Number 59-3419820	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent GRIMSLEY, JAMES W 25 WALTER MARTIN ROAD NE FORT WALTON BEACH, FL 32548	7. Name and Address of New Registered Agent Name RAYMOND F. NEWMAN, JR. Street Address (P.O. Box Number is Not Acceptable) 348 MIRACLE STRIP PARKWAY SUITE 7 City FORT WALTON BEACH FL Zip Code 32548
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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, 2007	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	PD FORSICK, H. LANCE 850 RIDGE LAKE BLVD STE 220 MEMPHIS, TN <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BURRESS, ROBERT BRADFORD POINT 1467 HWY 70 WEST ST. GERMAIN, WI 54558 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD WYNN, WILLIAM 940 HWY. 98 EAST UNIT #92 DESTIN, FL 32541 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LITTLE, PHIL 610 EAST WALDRON STREET CORINTH, MS 38835 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GRIMSLEY, JAMES W 25 WALTER MARTIN ROAD, NE FORT WALTON BEACH, FL 32548 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HOWE, JAMES 601 CHARDONNAY RIDGE CINCINNATI, OH 45226 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DEAN, WILLARD 4900 OLD LEEDS ROAD BIRMINGHAM, AL 35213 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BUTLER, ROBERT 539 BRENTVIEW HILLS DRIVE NASHVILLE, TN 37220 <input type="checkbox"/> Change <input checked="" 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 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: Robert Burress **ROBERT BURRESS** 3/23/07 850-267-9242

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #