

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2008 8:00 am
Secretary of State

04-07-2008 90056 004 ****61.25

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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

DO NOT WRITE IN THIS SPACE



01042008 No Chg-NP

CR2E037 (4/06)

4. FEI Number
59-3419820

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

NEWMAN, RAYMOND F JR
308 MIRACLE STRIP PARKWAY
SUITE 7
FORT WALTON BEACH, FL 32548

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IN THIS SPACE**

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

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME BURRESS, ROBERT
STREET ADDRESS BRADFORD POINT 1467 HWY TOWEST
CITY-ST-ZIP SAINT GERMAIN, WI 54558

TITLE VD
NAME LITTLE, PHIL
STREET ADDRESS 610 EAST WALDRON STREET
CITY-ST-ZIP CORINTH, MS 38835

TITLE SD
NAME HOWE, JAMES
STREET ADDRESS 601 CHARDONNAY RIDGE
CITY-ST-ZIP CINCINNATI, OH 45226

TITLE TD
NAME DEAN, WILLARD
STREET ADDRESS 4900 OLD LEEDS ROAD
CITY-ST-ZIP BIRMINGHAM, AL 35213

TITLE D
NAME BUTLER, ROBERT
STREET ADDRESS 539 BRENTVIEW HILLS DRIVE
CITY-ST-ZIP NASHVILLE, TN 37220

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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

1/10/08

Date

(850) 267-9242

Daytime Phone #