2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 18, 2009
Secretary of State

DOCUMENT# N96000005919

Entity Name: CAPTIVA AT TOPS'L HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

9001 HWY 98 WEST
DESTIN, FL 32550 US

New Principal Place of Business:

9011 HWY 98 WEST
MIRAMAR BEACH, FL 32550 US

Current Mailing Address:

9001 HWY 98 WEST
DESTIN, FL 32550 US

New Mailing Address:

9011 HWY 98 WEST
MIRAMAR BEACH, FL 32550 US

FEI Number: 59-3419820 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: BURRESS, ROBERT
Address: BRADFORD POINT 1467 HWY TOWEST
City-St-Zip: SAINT GERMAIN, WI 54558

Title: VD ( ) Delete
Name: LITTLE, PHIL
Address: 610 EAST WALDRON STREET
City-St-Zip: CORINTH, MS 38835

Title: SD ( ) Delete
Name: HOWE, JAMES
Address: 601 CHARDONNAY RIDGE
City-St-Zip: CINCINNATI, OH 45226

Title: TD ( ) Delete
Name: DEAN, WILLARD
Address: 4900 OLD LEEDS ROAD
City-St-Zip: BIRMINGHAM, AL 35213

Title: D ( ) Delete
Name: BUTLER, ROBERT
Address: 539 BRENTVIEW HILLS DRIVE
City-St-Zip: NASHVILLE, TN 37220

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: SD (X) Change ( ) Addition
Name: RUHL, LANCE
Address: 4239 NORTH MOUNTAIN ROAD
City-St-Zip: MARIETTA, GA 30066

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

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: ROBERT C. BURRESS PD 03/18/2009

Electronic Signature of Signing Officer or Director — Date