

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000007166

FILED
Mar 31, 2009
Secretary of State

Entity Name: CAPTIVA CONDOMINIUM B ASSOCIATION, INC.

Current Principal Place of Business:

10750 NW 66TH STREET
MIAMI, FL 33178 US

New Principal Place of Business:

C/O MIAMI MANAGEMENT 14275 SW 142 AVENUE
MIAMI, FL 33178 US

Current Mailing Address:

P.O. BOX 189013
PLANTATION, FL 33318

New Mailing Address:

14275 SW 142 AVENUE
MIAMI, FL 33178 US

FEI Number: 65-0804436

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MARS, GARY ESQ
HYMAN, KAPLAN, GANGUILA, SPECTER, MARS
150 W. FLAGLER ST., MUSEUM TOWER
MIAMI, FL 33130 US

Name and Address of New Registered Agent:

TRIAI, CARLOS ESQ
2301 NW 87TH AVENUE
SUITE 501
DORAL, FL 33172 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: CARLOS TRIAY

03/31/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VPD () Delete
Name: CIFVENTES, ANA
Address: 10750 NW 66TH ST SUITE 304
City-St-Zip: DORAL, FL 33178

Title: PD () Delete
Name: BROWNE, TED
Address: 10750 NW 66TH ST SUITE 207
City-St-Zip: DORAL, FL 33178

Title: STD () Delete
Name: ALVANEZ, CARMEN
Address: 10750 NW 66 CT #202
City-St-Zip: MIAMI, FL 33178

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: MENCHELLI, CARLOS
Address: 10750 NW 66TH ST # 514
City-St-Zip: DORAL, FL 33178

Title: VPD (X) Change () Addition
Name: CIFUENTES, ANA
Address: 10750 NW 66TH ST #304
City-St-Zip: DORAL, FL 33178

Title: STD (X) Change () Addition
Name: DOPICO, NELSON
Address: 10750 NW 66 CT #109
City-St-Zip: MIAMI, FL 33178

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: CARLOS MENCHELLI

PRES

03/31/2009

Electronic Signature of Signing Officer or Director

Date