2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000001611

Entity Name: UPPER CAPTIVA ROAD COMMISSION, INC.

Apr 22, 2009 Secretary of State

Current Principal Place of Business:	New Principal Place of Business
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311 SPANISH GOLD LANE PO BOX 613

4591 SCHOONER DRIVE PINELAND, FL 33945

PINELAND, FL 33945

Current Mailing Address:

New Mailing Address:

P.O. BOX 631

PINELAND, FL 33945

FEI Number: 65-0827189 FEI Number Applied For () FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

UPPER CAPTIVA CIVIC ASSOC. 16499 PORTO BELLO ST BOKEELIA, FL 33922

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:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete ALDRIAN, PETER Name: P.O. BOX 613 Address: City-St-Zip:

Name: Address: PINELAND, FL 33945

Title: () Delete HENDERSON, JEFF Name:

Address: PO BOX 2331 City-St-Zip: PINELAND, FL 33945

Title: () Delete HENDERSON, JANE Name: Address: PO BOX 2331

City-St-Zip: PINELAND, FL 33945 Title: DST () Delete Name:

Address: PO BOX 1000 City-St-Zip:

Title: () Delete

FULLER, JOHN E PINELAND, FL 33945

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

TRAPANESE, BERT 480 DEBORAH DRIVE City-St-Zip: ORONO, MN 55359

Title: DV (X) Change () Addition

Name: MELVIN, KEVIN Address: 9886 W. 1050 N. City-St-Zip: ELWOOD, IN 46036

Title: DS (X) Change () Addition

PORTER, JOHN Name: Address: PO BOX 3003 City-St-Zip: PINELAND, FL 33945

Title: DT (X) Change () Addition

Name: FULLER, JOHN E Address: PO BOX 1000 City-St-Zip: PINELAND, FL 33945

Title: () Change (X) Addition

HENDERSON, JEFF Name: PO BOX 2331 Address: City-St-Zip: PINELAND, FL 33945

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: JOHN PORTER S 04/22/2009