2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000003623

Entity Name: CAPTIVA VILLAGE INC.

FILED Feb 04, 2008 Secretary of State

Current Principal Place of Business:			New Principal P	New Principal Place of Business:	
4550 TILTO FORT MYE	ON CT ERS, FL 3390	7			
Current Mailing Address:			New Mailing Add	New Mailing Address:	
4550 TILTO FORT MYE	ON CT ERS, FL 3390	7			
FEI Number:	55-0914571	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:					
CONLYN, A 4550 TILTO FORT MYE		7 US			
	named entity of Florida.	submits this statement for the pu	rpose of changing its regis	stered office or registered agent, or both,	
SIGNATUR	RE:				
	Electron	nic Signature of Registered Agen	t	Date	
Election Can	npaign Financin	g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHA	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P (CONLYN, AND 4550 TILTON C FT MYERS, FL	CT CT	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	V (HITZEMAN, RU 3619 BARBAD AUGUSTA, GA	OS DR	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VF (HOTALING, DE 2016 LINDA LN LUTZ, FL 335	I	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	S (LARREAU, SUI 21509 GLORY LUTZ, FL 3354	E RD	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	TALBOT, RALF 13 TURTLE BA		Title: Name: Address: City-St-Zip:	() Change () Addition	

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RUSSELL L HITZEMAN VP 02/04/2008