

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Feb 27, 1999 8:00 am  
Secretary of State

02-27-1999 90015 034 \*\*\*150.00

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1. Corporation Name

AMERICAN REALTY OF CAPTIVA, INC.



Principal Place of Business

11508 ANDY ROSSE LN  
CAPTIVA FL 33924  
US

Mailing Address

P.O. BOX 1133  
CAPTIVA ISLAND FL 33924

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/25/1996

4. FEI Number

52-1996542

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing ☐

Trust Fund Contribution

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 11526 ANDY ROSSE LN

2a. Mailing Address

26 Suite, Apt. #, etc.

22 CAPTIVA

27 City & State

City & State

23 FL

28 City & State

24 33924 25 USA

29 30 Country

9. Name and Address of Current Registered Agent

SMITH, ELAINE  
11411 DICKEY LANE  
NANI L'AI #5  
CAPTIVA ISLAND FL 33924

10. Name and Address of New Registered Agent

81 Name SMITH, ELAINE

82 Street Address (P.O. Box Number is Not Acceptable)

83 11406 OLD LODGE LANE

84

City CAPTIVA

FL

85 Zip Code 33924

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD  
NAME NEWMAN, PATRICIA L  
STREET ADDRESS 1721 N ADAMS ST  
CITY-ST-ZIP ARLINGTON VA ☐ DELETE

TITLE D  
NAME DAVID & AGNES DAVIS  
STREET ADDRESS 1608 N BRYAN ST  
CITY-ST-ZIP ARLINGTON VA ☐ DELETE

TITLE TD  
NAME CARTER, RUTH M  
STREET ADDRESS 1431 N FILMORE ST  
CITY-ST-ZIP ARLINGTON VA ☐ DELETE

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 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

Date

Daytime Phone #

CR2E034 (1/198)

0450441