


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

FILED
Apr 21 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P97000065649 (0)**

1. Corporation Name
CAPTIVA ACCOMMODATIONS, INC.

Principal Place of Business

Mailing Address

**2427 PERIWINKLE WAY
SANIBEL ISLAND FL 33957**

**2427 PERIWINKLE WAY
SANIBEL ISLAND FL 33957**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address	
21 2341 Palm Ridge Rd	26 2341 Palm Ridge Rd	4. FEI Number 65-0821027	
Suite, Apt. #, etc.		Applied For Not Applicable	
22	27	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
City & State Sanibel FL		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
23	28	8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
24 33957	29 33957		
25 US	30 US		

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**JOBE, RODNEY
2427 PERIWINKLE WAY
SANIBEL ISLAND FL 33957**

81 Name	Jobe, Rodney
82 Street Address (P.O. Box Number is Not Acceptable)	2341 Palm Ridge Rd
83	
84 City	Sanibel
85 FL	33957

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEAR, JOSEPH M	1.2 NAME	
STREET ADDRESS	1251 ANHINGA LANE	1.3 STREET ADDRESS	
CITY-ST-ZIP	SANIBEL ISLAND FL 33957	1.4 CITY-ST-ZIP	
TITLE	VPD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOBE, RODNEY	2.2 NAME	
STREET ADDRESS	9446 YUCCA COURT	2.3 STREET ADDRESS	
CITY-ST-ZIP	SANIBEL ISLAND FL 33957	2.4 CITY-ST-ZIP	
TITLE	STD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MC MENAMY, KEITH	3.2 NAME	
STREET ADDRESS	1405 CARMELL DRIVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	FORT MYERS FL 33919	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 supplementary 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.

SIGNATURE:

Rodney Jobe

4/13/98

944-472-3191

CR2E034 (10/97)