

Short Form

OMB No. 1545-1150

Return of Organization Exempt From Income Tax

2005

Form 990-EZ

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)
 For organizations with gross receipts less than \$100,000 and total assets less than \$250,000 at the end of the year.
 The organization may have to use a copy of this return to satisfy state reporting requirements.

Department of the Treasury
 Internal Revenue Service

Open to Public Inspection

A For the 2005 calendar year, or tax year beginning OCT 1, 2005 and ending SEP 30, 2006

B Check if applicable: Change of name, Change of IRS label or print or change type, Initial return, Final return, Amended return, Rollover
C Name of organization: CAPTIVA ISLAND PROPERTY OWNERS ASSOCIATION, INC.
 Number and street (or P.O. box, if mail is not delivered to street address): PO BOX 72
 City or town, state or country, and ZIP + 4: CAPTIVA, FL 33924
D Employer identification number: 65-1042957
E Telephone number: 239-395-1666
F Group Exemption Number:

Section 501(c)(3) organizations and 4947(a)(1) nonexempt-charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Accounting method: Cash Accrual
H Check if the organization is not required to attach Schedule B (Form 990-EZ or 990-PF).

I Website: CAPTIVAPROPERTYOWNERS.COM
J Organization type (check only one) — 501(c)(3) 501(c)(4) 4947(a)(1) or 527
K Check if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS; but if the organization chooses to file a return, be sure to file a complete return. Some states require a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$100,000 or more, file Form 990 instead of Form 990-EZ. **Revenue** \$ 11,821.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See page 38 of the instructions.)

1	Contributions, gifts, grants, and similar amounts received		1	
2	Program service revenue including government fees and contracts		2	11,469.
3	Membership dues and assessments		3	350.
4	Investment income		4	2.
5a	Gross amount from sale of assets other than inventory	5a		
5b	Less: cost or other basis and sales expenses	5b		
5c	Gain or (loss) from sale of assets other than inventory (line 5a less line 5b) (attach schedule)	5c		
6	Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>			
6a	Gross revenue (not including \$ of contributions reported on line 1)	6a		
6b	Less: direct expenses other than fundraising expenses	6b		
6c	Net income or (loss) from special events and activities (line 6a less line 6b)	6c		
7a	Gross sales of inventory, less returns and allowances	7a		
7b	Less: cost of goods sold	7b		
7c	Gross profit or (loss) from sales of inventory (line 7a less line 7b)	7c		
8	Other revenue (describe <u>SEE STATEMENT 1</u>)	8		
9	Total revenue (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8)	9		11,821.
10	Grants and similar amounts paid	10		
11	Benefits paid to or for members	11		
12	Salaries, other compensation, and employee benefits	12		
13	Professional fees and other payments to independent contractors	13		
14	Occupancy, rent, utilities, and maintenance	14		
15	Printing, publications, postage, and shipping	15		
16	Other expenses (describe <u>SEE STATEMENT 1</u>)	16		23,171.
17	Total expenses (add lines 10 through 16)	17		23,171.
18	Excess or (deficit) for the year (line 9 less line 17)	18		<11,350.>
19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19		16,136.
20	Other changes in net assets or fund balances (attach explanation)	20		
21	Net assets or fund balances at end of year (combine lines 18 through 20)	21		4,786.

Part II Balance Sheets - If total assets on line 25, column (B) are \$250,000 or more, file Form 990 instead of Form 990-EZ. (See page 41 of the instructions.)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	16,136.	22 4,786.
23 Land and buildings		23
24 Other assets (describe <u></u>)		24
25 Total assets	16,136.	25 4,786.
26 Total liabilities (describe <u></u>)	0.	26 0.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	16,136.	27 4,786.

Part III Statement of Program Service Accomplishments (See page 42 of the instructions.)

What is the organization's primary exempt purpose? SEE STATEMENT 2 Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title.

28 DEVELOPMENT OF WEB SITE FOR INFORMATIONAL PURPOSES DEVELOPMENT OF MASTER COMMUNITY PLAN ELECTRONIC NEWSLETTERS

(Grants \$) If this amount includes foreign grants, check here 28a 9,132.

29

(Grants \$) If this amount includes foreign grants, check here 29a

30

(Grants \$) If this amount includes foreign grants, check here 30a

31 Other program services (attach schedule)

(Grants \$) If this amount includes foreign grants, check here 31a

32 Total program service expenses (add lines 28a through 31a) 32 9,132.

Part IV List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated. See page 42 of the instructions.)

Table with 5 columns: (A) Name and address, (B) Title and average hours per week devoted to position, (C) Compensation (if not paid, enter -0-), (D) Contributions to employee benefit plans & deferred compensation, (E) Expense account and other allowances. Includes entry for SEE STATEMENT 3.

Part V Other Information (Note the attachment requirement in General Instruction V, page 14.)

Table with 2 columns: Question, Yes/No. Contains questions 33 through 40b regarding IRS reporting, business activities, tax requirements, and organizational details.

Enter amount of tax on line 40c reimbursed by the organization 0.

Part V Other Information (Note the attachment requirement in General Instruction V, page 14.) (Continued)

- 41 List the states with which a copy of this return is filed. **NONE**
- 42a The books are in care of **RENE MIVILLE**
Located at **PO BOX 9, CAPTIVA, FL**
Telephone no. **239-395-1666**
ZIP + 4 **33924**
- b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?
If "Yes," enter the name of the foreign country: **NONE**
- c At any time during the calendar year, did the organization maintain an office outside of the U.S.?
If "Yes," enter the name of the foreign country: **NONE**
- 43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here
and enter the amount of tax-exempt interest received or accrued during the tax year: **N/A**

42b	Yes	No
		X
42c	Yes	No
		X

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Please Sign Here	Signature of officer	Date
	<i>Marjette M. Machon CPA</i>	
Paid Preparer's Use Only	Type or print name and title	Preparer's SSN or PTIN
	Preparer's signature	Check if self-employed <input type="checkbox"/>
	Date <i>2/8/07</i>	EIN <input type="checkbox"/>
Firm's name (or yours if self-employed)		Phone no.
MCHALE, CARUSO, SCULLION & CO.		239-481-7400
Address and ZIP + 4		
8191 COLLEGE PARKWAY, SUITE 302 FORT MYERS, FL 33919		

Form 990-EZ (2005)

FORM 990-EZ PART IV - LIST OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES STATEMENT 3

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN EXPENSE CONTRIB ACCOUNT
HAROLD MILLER JR PO BOX 656 - CAPTIVA, FL 33924	PRESIDENT 2.00	0.	0.
RENE MIVILLE PO BOX 9 - CAPTIVA, FL 33924	TREASURER 2.00	0.	0.
ELAINE SMITH PO BOX 1133 - CAPTIVA, FL 33924	SECRETARY 2.00	0.	0.
SUSAN STUART P.O. BOX 490 - CAPTIVA, FL 33924	STEERING COMMITTEE 1.00	0.	0.
STEPHEN CUTLER P.O. BOX 488 - CAPTIVA, FL 33924	STEERING COMMITTEE 1.00	0.	0.
DAVE JENSEN P.O. BOX 191 - CAPTIVA, FL 33924	STEERING COMMITTEE 1.00	0.	0.
TOTALS INCLUDED ON FORM 990-EZ, PART IV			0.

FORM 990-EZ

INFORMATION REGARDING TRANSFERS
ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS

STATEMENT 4

A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS,
DIRECTLY OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL

BENEFIT CONTRACT? [] YES [X] NO

B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS,

DIRECTLY OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT? . . . [] YES [X] NO