

2005

Short Form

Return of Organization Exempt From Income Tax
 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: 501(c)3 organization 501(c)28 organization 501(c)29 organization

C Name of organization
CAPTIVA ISLAND PROPERTY OWNERS ASSOCIATION, INC.

D Employer identification number
65-1042957

E Telephone number
239-395-1666

F Group Exemption Number

G Accounting method: Cash Accrual
 Other (specify)

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)28 501(c)29 527

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. \$ 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			5c	
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)						
6	Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>						
a	Gross revenue (not including \$ of contributions reported on line 1)		6a			6c	
b	Less: direct expenses other than fundraising expenses		6b				
c	Net income or (loss) from special events and activities (line 6a less line 6b)		7a				
7a	Gross sales of inventory, less returns and allowances		7b				
b	Less: cost of goods sold						
c	Gross profit or (loss) from sales of inventory (line 7a less line 7b)					7c	
8	Other revenue (describe)					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)					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))					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.)

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

(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
SEE STATEMENT 3				

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

	Yes	No
33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	<input type="checkbox"/>	<input checked="" type="checkbox"/>
34 Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes	<input type="checkbox"/>	<input checked="" type="checkbox"/>
35 If the organization had income from business activities, such as those reported on lines 2, 6, and 7 (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
a Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b If "Yes," has it filed a tax return on Form 990-T for this year?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
36 Was there a liquidation, dissolution, termination, or substantial contraction during the year? (If "Yes," attach a statement.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
37 a Enter amount of political expenditures, direct or indirect, as described in the instructions.	37a	37b
b Did the organization file Form 1120-POL for this year?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
38 a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b If "Yes," attach the schedule specified in the line 38 instructions and enter the amount involved	38b	38a
39 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 9	39a	39b
b Gross receipts, included on line 9, for public use of club facilities	39b	39a
40 a 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:	40a	40b
section 4911 N/A ; section 4912 N/A ; section 4955 N/A	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach an explanation	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958	<input type="checkbox"/>	<input checked="" type="checkbox"/>
d Enter amount of tax on line 40c reimbursed by the organization	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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**

42b	Yes	No
		X
42c		X

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: **43 N/A**

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.

Signature of officer _____ Date _____

Type or print name and title _____ Preparer's SSN _____
Check if self-employed or PTIN _____

Paid Preparer's Use Only
Preparer's signature **Marjette Meehan CPA** Date **2/8/07**
Firm's name (or yours if self-employed) **MCHALE, CARUSO, SCULLION & CO.**
address and ZIP + 4 **8191 COLLEGE PARKWAY, SUITE 302 FORT MYERS, FL 33919**
Phone no. **239-481-7400**

FORM 990-EZ	OTHER EXPENSES	STATEMENT
		1

DESCRIPTION

AMOUNT

ACCOUNTING FEES	555.
ADVERTISING	1,116.
BANK SERVICE CHARGES	166.
CONSULTING EXPENSE	14,039.
LIABILITY INSURANCE	1,294.
OFFICE EXPENSE	26.
PLANNING & DEVELOPMENT	2,000.
WEBSITE DESIGN & MAINTENANCE	3,975.
TOTAL TO FORM 990-EZ, LINE 16	23,171.

FORM 990-EZ	PART III - STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE	STATEMENT
		2

EXPLANATION

CAPTIVA PROPERTY OWNERS ASSOCIATION WAS ORGANIZED TO REPRESENT CAPTIVA RESIDENTS, BUSINESS OWNERS AND REAL PROPERTY OWNERS WITH REGARD TO MATTERS OF COMMON INTEREST AFFECTING THE WAY OF LIFE ON CAPTIVA ISLAND. THE ASSOCIATION PROVIDES INFORMATION, ADDRESSES CONCERNS AND WORKS TO BUILD CONSENSUS ON SOLUTIONS TO ISSUES FACING THE ISLAND. THE ASSOCIATION IS THE SPONSORING ORGANIZATION FOR THE CAPTIVA COMMUNITY PANEL, AN ADVISORY GROUP TO LEE COUNTY ON LAND USE AND ZONING ISSUES AFFECTING THE ISLAND.

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