

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 396790

FILED
Feb 28, 2005
Secretary of State

Entity Name: CAPRI ISLES GOLF, INC.

Current Principal Place of Business:

849 CAPRI ISLES BLVD.
VENICE, FL 34292

New Principal Place of Business:

Current Mailing Address:

849 CAPRI ISLES BLVD.
VENICE, FL 34292

New Mailing Address:

FEI Number: 59-1380785 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCCOY, ROBIN L.
2045 TIMUCUA TRAIL
NOKOMIS, FL 34275 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PT () Delete
Name: MCCOY, ROBIN L.
Address: 2045 TIMUCUA TRAIL
City-St-Zip: NOKOMIS, FL

Title: VP () Delete
Name: ILER, NORMAN P.
Address: VILLAGE CIRCLE RD. #208
City-St-Zip: VENICE, FL

Title: VPS () Delete
Name: BOBBETT, RONALD M
Address: 1661 NEW SENECA TRUNPIKE
City-St-Zip: SKANEATELES, NY

Title: C () Delete
Name: RICH, THOMAS A.
Address: 1348 CLUBVIEW PLACE
City-St-Zip: VENICE, FL

Title: AS () Delete
Name: MATUSZAK, DAVID
Address: 5313 72ND ST EAST
City-St-Zip: BRADENTON, FL 34203

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PT (X) Change () Addition
Name: MCCOY, ROBIN L.
Address: 2045 TIMUCUA TRAIL
City-St-Zip: NOKOMIS, FL 34275 US

Title: VP (X) Change () Addition
Name: ILER, NORMAN P.
Address: VILLAGE CIRCLE RD. #208
City-St-Zip: VENICE, FL 34292 US

Title: VPS (X) Change () Addition
Name: BOBBETT, RONALD M
Address: 1661 NEW SENECA TRUNPIKE
City-St-Zip: SKANEATELES, NY 13152 US

Title: VP (X) Change () Addition
Name: RICH, THOMAS J
Address: 5125 WILLOW LEAF DR.
City-St-Zip: SARASOTA, FL 34241 US

Title: AS (X) Change () Addition
Name: MATUSZAK, DAVID
Address: 5313 72ND ST EAST
City-St-Zip: BRADENTON, FL 34203 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: ROBIN L. MCCOY

PT

02/28/2005

Electronic Signature of Signing Officer or Director

_____ Date