

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 396790

FILED
Jan 04, 2011
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

OFFICERS AND DIRECTORS:

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

Title: VP
Name: ILER, DOUGLAS
Address: 1808 ABERDEEN ROAD
City-St-Zip: LOUISVILLE, KY 40257 US

Title: VPS
Name: BOBBETT, RONALD M
Address: 2209 CALUSA LAKES BLVD.
City-St-Zip: VENICE, FL 34275 US

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

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

I hereby 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 all other like empowered.

SIGNATURE: ROBIN L. MCCOY

PT

01/04/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date