

N00000007945

FILED


2005 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

2005 JUL 26 PM 4:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N00000007945


1. Entity Name
CAPRI AT MIRASOL PROPERTY OWNERS ASSOCIATION, INC.



Principal Place of Business
11400 NURSERY LANE
PALM BEACH GARDENS, FL 33418

Mailing Address
8430 ENTERPRISE CIRCLE, STE 100
BRADENTON, FL 34202-4108

66024911
4/29/05 90186 006--70-00



2. Principal Place of Business
21045 COMMERCIAL TR
Suite, Apt. #, etc.

3. Mailing Address
21045 COMMERCIAL TR.
Suite, Apt. #, etc.

04152005 Chg-NP CR2E037 (10/03)

City & State
BOCA RATON FL

City & State
BOCA RATON FL

4. FEI Number
65-1058377

Applied For
 Not Applicable

Zip
33486

County
PALM BEACH

Zip
33486

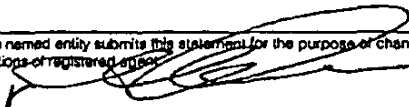
County
PALM BEACH

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
SPENCER, MARC I
877 EXECUTIVE CENTER DR. W., STE 205
ST. PETERSBURG, FL 33702-2472

7. Name and Address of New Registered Agent
Name: WILLIAM K. ISAACSON
Street Address (P.O. Box Number is Not Acceptable):
C/O LANG MANAGEMENT CO
21045 COMMERCIAL TRAIL
City: BOCA RATON FL Zip Code: 33486

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE:  DATE: 4-10-05

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering)

Filing Fee is \$61.25
Due by May 1, 2005


9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP PERNA, CRAIG 11400 NURSERY LANE PALM BEACH GARDENS, FL 33418 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVAT CHOROST, AARON 11400 NURSERY LANE PALM BEACH GARDENS, FL 33418 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VST BRATT, C. ALEXANDER 8430 ENTERPRISE CIRCLE SUITE 100 BRADENTON, FL 34202 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV CLEMENT, EDMUND R JR 11400 NURSERY LANE PALM BEACH GARDENS, FL 33418 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS SPENCER, MARC I 877 EXECUTIVE CENTER DR. W., STE 205 ST. PETERSBURG, FL 337022472 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Samuel Heshberg 112 Via Capri Palm Beach Gardens, FL 33418 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Jeff Hayes 110 Via Capri Palm Beach Gardens, FL 33418 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Christine Geliebter 104 Via Capri Palm Beach Gardens, FL 33418 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Mark Sternlicht 103 Via Capri Palm Beach Gardens FL 33418 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  DATE: 4/18/05

Signature, typed or printed name of signing officer or director

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