



2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2008 8:00 am
Secretary of State

05-01-2008 90230 028 ****61.25

DOCUMENT # N11628					
1. Entity Name VILLE DE CAPRI HOMEOWNERS' ASSOCIATION, INC.					
Principal Place of Business 961 BROKEN SOUND PKWY STE 250 BOCA RATON, FL 33487 US			Mailing Address 961 BROKEN SOUND PKWY STE 250 BOCA RATON, FL 33487 US		
2. Principal Place of Business - No P.O. Box # 6413 CONGRESS AVE.		3. Mailing Address 6413 CONGRESS AVE.			
Suite, Apt. #, etc. SUITE 200		Suite, Apt. #, etc. SUITE 200			
City & State BOCA RATON, FL		City & State BOCA RATON, FL			
Zip 33487		Country U.S.A.			
4. FEI Number 59-2707757			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent MESSINGER, JOEL CA'S 951 BROKEN SOUND PARKWAY SUITE 250 BOCA RATON, FL 33487			7. Name and Address of New Registered Agent Name: CREST MANAGEMENT GROUP INC. Street Address (P.O. Box Number is Not Acceptable): 6413 CONGRESS AVE. Gary Budd SUITE 200 City: BOCA RATON, FL FL Zip Code: 33487		
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: <u>Gary Budd</u> Gary Budd DATE: <u>4/14/08</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE SD NAME ELLMAN, CHARLES STREET ADDRESS 5077 VIA DEAMALFI DR CITY-ST-ZIP BOCA RATON, FL 33496	<input type="checkbox"/> Delete		TITLE D NAME ABRAMS, ALFRED STREET ADDRESS 5148 Via de Amalfi Dr. CITY-ST-ZIP BOCA RATON, FL 33496	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE PTD NAME BABITT, IVAN STREET ADDRESS 5173 VIA DE AMALFI DRIVE CITY-ST-ZIP BOCA RATON, FL 33496	<input type="checkbox"/> Delete		TITLE D NAME BAKER, EDWARD STREET ADDRESS 17453 VIA CAPRI CITY-ST-ZIP BOCA RATON, FL 33496	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE VPD NAME MAY, SHELDON STREET ADDRESS 17524 VIA CAPRI CITY-ST-ZIP BOCA RATON, FL 33496	<input type="checkbox"/> Delete		TITLE D NAME FRIEDMAN, DONALD STREET ADDRESS 17366 VIA CAPRI CITY-ST-ZIP BOCA RATON, FL 33496	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Delete		TITLE D NAME KLIGERMAN, MIRALYN STREET ADDRESS 17532 VIA CAPRI CITY-ST-ZIP BOCA RATON, FL 33496	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Delete		TITLE D NAME ROTHCHILD, DOROTHY STREET ADDRESS 17517 VIA CAPRI CITY-ST-ZIP BOCA RATON, FL 33496	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Delete		TITLE D NAME SCHWARTZ, MARCIA STREET ADDRESS 17418 VIA CAPRI EAST CITY-ST-ZIP BOCA RATON, FL 33496	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u>Sheldon May</u> Sheldon May			Date: <u>4/27/08</u> Daytime Phone #: <u>561-994-2334</u>		