

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jun 02, 2001 8:00 am**  
**Secretary of State**

05-10-2001 90148 033 \*\*\*\*61.25

**DOCUMENT # N00000000288**

1. Entity Name

**CAPRI HOMEOWNERS ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

4400 W SAMPLE RD  
 SUITE 200  
 COCONUT CREEK FL 33073-3450

4400 W SAMPLE RD  
 SUITE 200  
 COCONUT CREEK FL 33073-3450

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

**65-1031707**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional**  
**Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MINTO COMMUNITIES, INC.**  
**4400 W SAMPLE RD**  
**SUITE 200**  
**COCONUT CREEK FL 33073-3450**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOT: Registered Agent signature required when reinstating)

DATE

**FILE NOW:**  
**FEE IS \$61.25**

9. Election Campaign Financing  
 Trust Fund Contribution. ☐

**\$5.00 May Be**  
**Added to Fees**

**Make Check Payable to**  
**Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete  
 NAME BEER, T R  
 STREET ADDRESS 4400 W SAMPLE RD SUITE 200  
 CITY-ST-ZIP COCONUT CREEK FL 33073-3450

TITLE VD ☐ Delete  
 NAME CLEMENT, GARY  
 STREET ADDRESS 4400 W SAMPLE RD SUITE 200  
 CITY-ST-ZIP COCONUT CREEK FL 33073-3450

TITLE STD ☐ Delete  
 NAME RODGERS, FRANK  
 STREET ADDRESS 4400 W SAMPLE RD SUITE 200  
 CITY-ST-ZIP COCONUT CREEK FL 33073-3450

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
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 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify 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 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 817, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**FRANK RODGERS** 4/25/01 954-973-4490

Date

Daytime Phone #

CR2E037 (10/00)