

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 18, 2005 8:00 am
Secretary of State

03-18-2005 90052 050 ****61.25

DOCUMENT # 752637

1. Entity Name
**ESTANCIAS OF CAPRI ISLES CONDOMINIUM
ASSOCIATION, INC.**



Principal Place of Business
**650 AVENIDA ESTANCIAS
P.O. BOX 1947
VENICE, FL 34284 US**

Mailing Address
**PO BOX 1947
VENICE, FL 34284 US**



2. Principal Place of Business

3. Mailing Address

Subs. Act. #, etc.

Subs. Act. #, etc.

07112305

Chg-NP

CRZE037 (10/03)

City & State

City & State

4. FEI Number

59-2069986

Applied For

Not Applicable

Zip

Country

Zip

Country

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

~~LUTTRELL, DONALD~~
~~766H AVENIDA ESTANCIAS~~
~~VENICE, FL 34292~~

Name
URICH, RICHARD

Street Address (P.O. Box Number is Not Acceptable)
764K AVENIDA ESTANCIAS

City **VENICE** FL **34292** 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Richard Ulrich

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

(NOTE: Registered Agent signature required when reinstating)

3/15/05

DATE

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete
NAME ~~LUTTRELL, DONALD~~
STREET ADDRESS ~~766H AVENIDA ESTANCIAS~~
CITY-ST-ZIP ~~VENICE, FL 34292~~

TITLE PD ☐ Change ☐ Addition
NAME **URICH, RICHARD**
STREET ADDRESS **764K AVENIDA ESTANCIAS**
CITY-ST-ZIP **VENICE FL 34292**

TITLE STD ☐ Delete
NAME **TESTA, NORMA**
STREET ADDRESS **760C AVENIDA ESTANCIAS**
CITY-ST-ZIP **VENICE, FL 34292**

TITLE STD ☐ Change ☐ Addition
NAME **SCHIESEL, DONNA**
STREET ADDRESS **752E AVENIDA ESTANCIAS**
CITY-ST-ZIP **VENICE FL 34292**

TITLE VD ☐ Delete
NAME **ULRICH, RICHARD**
STREET ADDRESS **764K AVENIDA ESTANCIAS**
CITY-ST-ZIP **VENICE, FL 34292**

TITLE VD ☐ Change ☐ Addition
NAME **MOBBY, DEVON**
STREET ADDRESS **746A AVENIDA ESTANCIAS**
CITY-ST-ZIP **VENICE FL 34292**

TITLE TD ☐ Delete
NAME **DEVON, MOBBY**
STREET ADDRESS **746A AVENIDA ESTANCIAS**
CITY-ST-ZIP **VENICE, FL 34292**

TITLE TD ☐ Change ☐ Addition
NAME **BRINTZINGHOFFER, DAVID**
STREET ADDRESS **746J AVENIDA ESTANCIAS**
CITY-ST-ZIP **VENICE FL 34292**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
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 633, 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:

Richard Ulrich

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/15/05

Date

(941) 493-1906

Daytime Phone #