

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2005 8:00 am
Secretary of State

03-10-2005 90165 028 ****61.25

DOCUMENT # N04000001997 1. Entity Name CAPRI AT LAVINA HOMEOWNERS ASSOCIATION, INC.																																																																																							
Principal Place of Business 706 TURNBALL AVENUE SUITE 102 ALTAMONTE SPRINGS, FL 32701		Mailing Address 706 TURNBALL AVENUE SUITE 102 ALTAMONTE SPRINGS, FL 32701																																																																																					
2. Principal Place of Business 5401 S. KIRKMAN RD Suite, Apt. #, etc. STE. 450 City & State ORLANDO, FL Zip 32819		3. Mailing Address 5401 S. KIRKMAN RD Suite, Apt. #, etc. STE. 450 City & State ORLANDO, FL Zip 32819																																																																																					
Country US		Country US																																																																																					
6. Name and Address of Current Registered Agent GRAHAM, JESSE E SR 369 NORTH NEW YORK AVENUE THIRD FLOOR WINTER PARK, FL 32789		7. Name and Address of New Registered Agent Name COMMUNITY MANAGEMENT PROFESSIONALS Street Address (P.O. Box Number is Not Acceptable) 5401 S. KIRKMAN ROAD Suite, Apt. #, etc. STE 450 City ORLANDO																																																																																					
State FL		Zip Code 32819																																																																																					
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><i>Jesse E. Graham</i></u> President DATE 1-4-05 <small>(Signature typed or printed name of registered agent and title applicable. (NOTE: Registered Agent signature required when reinstating))</small>																																																																																							
Filing Fee is \$61.25 Due by May 1, 2005		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																																																																																							
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="2" style="text-align: left;">10. OFFICERS AND DIRECTORS</th> <th colspan="2" style="text-align: left;">11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</th> </tr> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">NAME</td> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">NAME</td> </tr> <tr> <td></td> <td>PSTD</td> <td></td> <td></td> </tr> <tr> <td></td> <td>GOLDBERG, ALLAN N</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>706 TURNBALL AVENUE, SUITE 102</td> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>ALTAMONTE SPRINGS, FL 32701</td> <td>CITY - ST - ZIP</td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>VD</td> <td></td> <td></td> </tr> <tr> <td></td> <td>COLE, WILLIAM W JR</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>706 TURNBALL AVENUE, SUITE 102</td> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>ALTAMONTE SPRINGS, FL 32701</td> <td>CITY - ST - ZIP</td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>D</td> <td></td> <td></td> </tr> <tr> <td></td> <td>BENNETT, DANA A</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>237 SOUTH WESTMONTE DRIVE SUITE 111</td> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>ALTAMONTE SPRINGS, FL 32714</td> <td>CITY - ST - ZIP</td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </table>				10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		TITLE	NAME	TITLE	NAME		PSTD				GOLDBERG, ALLAN N			STREET ADDRESS	706 TURNBALL AVENUE, SUITE 102	STREET ADDRESS		CITY - ST - ZIP	ALTAMONTE SPRINGS, FL 32701	CITY - ST - ZIP							VD				COLE, WILLIAM W JR			STREET ADDRESS	706 TURNBALL AVENUE, SUITE 102	STREET ADDRESS		CITY - ST - ZIP	ALTAMONTE SPRINGS, FL 32701	CITY - ST - ZIP							D				BENNETT, DANA A			STREET ADDRESS	237 SOUTH WESTMONTE DRIVE SUITE 111	STREET ADDRESS		CITY - ST - ZIP	ALTAMONTE SPRINGS, FL 32714	CITY - ST - ZIP																					
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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: <u><i>Allan Goldberg</i></u> Allan Goldberg 1-10-05 407 834-9543 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																																																																																							

66009326



01042005 Chg-NP CR2E037 (10/03)

4. FEI Number
20-0904640

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

Name
COMMUNITY MANAGEMENT PROFESSIONALS
 Street Address (P.O. Box Number is Not Acceptable)
5401 S. KIRKMAN ROAD
 Suite, Apt. #, etc.
STE 450
 City
ORLANDO

State
FL
 Zip Code
32819

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	<input type="checkbox"/> Delete
	PSTD	
	GOLDBERG, ALLAN N	
STREET ADDRESS	706 TURNBALL AVENUE, SUITE 102	
CITY - ST - ZIP	ALTAMONTE SPRINGS, FL 32701	
	VD	<input type="checkbox"/> Delete
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	D	<input type="checkbox"/> Delete
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CITY - ST - ZIP	ALTAMONTE SPRINGS, FL 32714	
		<input type="checkbox"/> Delete
		<input type="checkbox"/> Delete
		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY - ST - ZIP		
		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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SIGNATURE: *Allan Goldberg* **Allan Goldberg** **1-10-05** **407 834-9543**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR