2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2009
Secretary of State

DOCUMENT# 752637

Entity Name: ESTANCIAS OF CAPRI ISLES CONDOMINIUM ASSOCIATION,INC.

Current Principal Place of Business:

720 AVENIDA ESTANCIAS
VENICE, FL 34284 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 1947
VENICE, FL 34284 US

New Mailing Address:

381 INTERSTATE
SARASOTA, FL 34240 US

FEI Number: 59-2069986 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DEPERRIO, WILLIAM J
742 B AVENIDA ESTANCIAS
VENICE, FL 34292 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	PD	( ) Delete
Name:	BRINTZINGHOFFER, DAVID	
Address:	746 J AVENIDA ESTANCIAS	
City-St-Zip:	VENICE, FL 34292	
Title:	STD	( ) Delete
Name:	SCHIESEL, DONNA	
Address:	752E AVENIDA ESTANCIAS	
City-St-Zip:	VENCIE, F 34292	
Title:	VD	( ) Delete
Name:	URICH, RICHARD	
Address:	764 K AVENIDA ESTACIAS	
City-St-Zip:	VENICE, FL 34292	
Title:	D	( ) Delete
Name:	DEPERIO, WILLIAM J	
Address:	742 B AVENIDA ESTANCIAS	
City-St-Zip:	VENICE, FL 34292	
Title:	TD	( ) Delete
Name:	GODIN, HENRY	
Address:	750 H AVENIDA ESTANCIAS	
City-St-Zip:	VENICE, FL 34292	
Title:	D	(X) Delete
Name:	GAYNOR, JAMES	
Address:	952 G AVENDA ESTACIAS	
City-St-Zip:	VENICE, FL 34292	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	D	(X) Change ( ) Addition
Name:	DEPERRIO, WILLIAM J	
Address:	742 B AVENIDA ESTANCIAS	
City-St-Zip:	VENICE, FL 34292	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVE BRINTZINGHOFFER P 02/13/2009

Electronic Signature of Signing Officer or Director — Date