

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 396790

**Entity Name:** CAPRI ISLES GOLF, INC.

**Current Principal Place of Business:**

1454 GLENEAGLES DR.  
VENICE, FL 34292

**Current Mailing Address:**

1454 GLENEAGLES DR.  
VENICE, FL 34292

**FEI Number: 59-1380785**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

MCCOY, ROBIN L.  
2045 TIMUCUA TRAIL  
NOKOMIS, FL 34275 US

*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

**Officer/Director Detail :**

Title PT  
Name MCCOY, ROBIN L.  
Address 2045 TIMUCUA TRAIL  
City-State-Zip: NOKOMIS FL 34275

Title VP  
Name ILER, DOUGLAS  
Address 1808 ABERDEEN ROAD  
City-State-Zip: LOUISVILLE KY 40257

Title VPS  
Name BOBBETT, RONALD M  
Address 2209 CALUSA LAKES BLVD.  
City-State-Zip: VENICE FL 34275

Title VP  
Name RICH, NAN E  
Address 1464 TURNBERY PL.  
City-State-Zip: VENICE FL 34292

Title AS  
Name MATUSZAK, DAVID W  
Address 5313 72ND ST EAST  
City-State-Zip: BRADENTON FL 34203

*I hereby 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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: CAPRI ISLES GOLF, INC ROBIN L. MCCOY**

**PT**

**01/22/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date