2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 700370

FILED Mar 09, 2008 Secretary of State

Entity Name: ISLE OF CAPRI CIVIC ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

153 SUN ISLE CIRCLE 237 126TH AVENUE EAST TREASURE ISL, FL 33706 US TREASURE ISL, FL 33706 US

Current Mailing Address: New Mailing Address:

725 - 116TH AVE 12322 SUN VISTA COURT EAST TREASURE ISLAND, FL 33706 US TREASURE ISLAND, FL 33706 US

FEI Number: 59-3121159 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

REITER, DOMINIQUE CAPASSO, RALPH 153 SUN ISLE CIRCLE 237 126TH AVENUE EAST TREASURE ISL, FL 33706 US TREASURE ISL, FL 33706 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: RALPH CAPASSO 03/09/2008

> Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete (X) Change () Addition REITER, DOMINIQUE CAPASSO, RALPH Name: Name:

153 SUN ISLE CIRCLE Address: 237 126TH AVENUE EAST Address: City-St-Zip: TREASURE ISL, FL 33706 City-St-Zip: TREASURE ISL, FL 33706

Title: Title: (X) Change () Addition () Delete CAPASSO, RALPH Name: WOLF, LINDA Name:

Address: 237 126TH AVE Address: 140 SUN ISLE CIRCLE City-St-Zip: TREASURE ISLAND, FL 33706 City-St-Zip: TREASURE ISLAND, FL 33706

Title: () Delete Title: (X) Change () Addition CAPASSO, FRAN BUGANSKI, MARY ANN Name: Name:

237- 126TH AVE 11650 CAPRI CIRCLE, SOUTH #202 Address: Address:

City-St-Zip: TREASURE ISLAND, FL 33706 City-St-Zip: TREASURE ISLAND, FL 33706

Title: () Delete Title: (X) Change () Addition Name:

DEADY, SUZANNE Name: SWYMER, SUNDAY S

123222 SUN VISTA COURT EAST Address: 725 116TH AVENUE Address: City-St-Zip: TREASURE ISLAND, FL 33706 City-St-Zip: TREASURE ISLAND, FL 33706

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: SUNDAY S. SWYMER Т 03/09/2008