2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 30, 2009
Secretary of State

DOCUMENT# 700370

Entity Name: ISLE OF CAPRI CIVIC ASSOCIATION, INC.

Current Principal Place of Business:

237 126TH AVENUE EAST
TREASURE ISL, FL 33706 US

New Principal Place of Business:

Current Mailing Address:

12322 SUN VISTA COURT EAST
TREASURE ISLAND, FL 33706 US

New Mailing Address:

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

Name and Address of Current Registered Agent:

CAPASSO, RALPH
237 126TH AVENUE EAST
TREASURE ISL, FL 33706 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:	P	( ) Delete
Name:	CAPASSO, RALPH	
Address:	237 126TH AVENUE EAST	
City-St-Zip:	TREASURE ISL, FL 33706	
Title:	VP	( ) Delete
Name:	WOLF, LINDA	
Address:	140 SUN ISLE CIRCLE	
City-St-Zip:	TREASURE ISLAND, FL 33706	
Title:	S	( ) Delete
Name:	BUGANSKI, MARY ANN	
Address:	11650 CAPRI CIRCLE,SOUTH #202	
City-St-Zip:	TREASURE ISLAND, FL 33706	
Title:	T	( ) Delete
Name:	SWYMER, SUNDAY S	
Address:	123222 SUN VISTA COURT EAST	
City-St-Zip:	TREASURE ISLAND, FL 33706	

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:	( ) 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: SUNDAY S SWYMER T 01/30/2009

Electronic Signature of Signing Officer or Director — Date