

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 700370

**FILED**  
**Mar 02, 2011**  
**Secretary of State**

**Entity Name:** ISLE OF CAPRI CIVIC ASSOCIATION, INC.

**Current Principal Place of Business:**

12124 CAPRI CIRCLE SOUTH  
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:**

ELLIS, JAMES PRES  
12124 CAPRI CIRCLE SOUTH  
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  
Name: ELLIS, JAMES  
Address: 12124 CAPRI CIRCLE SOUTH  
City-St-Zip: TREASURE ISL, FL 33706 US

Title: VP  
Name: WOLF, LINDA  
Address: 140 SUN ISLE CIRCLE  
City-St-Zip: TREASURE ISLAND, FL 33706 US

Title: S  
Name: CAPASSO, FRAN  
Address: 237 126TH AVENUE EAST  
City-St-Zip: TREASURE ISLAND, FL 33706 US

Title: T  
Name: SWYMER, SUNDAY S  
Address: 123222 SUN VISTA COURT EAST  
City-St-Zip: TREASURE ISLAND, FL 33706 US

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

SIGNATURE: SUNDAY S. SWYMER

T

03/02/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date