

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 712228

FILED  
Aug 26, 2009  
Secretary of State

Entity Name: CAPRI COMMUNITY, INC.

## Current Principal Place of Business:

338 CAPRI BLVD  
NAPLES, FL 34113 US

## New Principal Place of Business:

## Current Mailing Address:

338 CAPRI BLVD  
NAPLES, FL 34113 US

## New Mailing Address:

FEI Number: 59-6190065      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

## Name and Address of Current Registered Agent:

TAYLOR, RICHARD  
338 CAPRI BLVD  
NAPLES, FL 34113 US

## Name and Address of New Registered Agent:

HANNA, JUSTIN  
338 CAPRI BLVD  
NAPLES, FL 34113 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: JUSTIN HANNA

08/26/2009

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: COLVIN, KIRK  
Address: 163 SAN SALVADOR  
City-St-Zip: NAPLES, FL 34113

Title: T ( ) Delete  
Name: TAYLOR, RICHARD  
Address: 166 TAHITI CIR  
City-St-Zip: NAPLES, FL 34113

Title: S ( ) Delete  
Name: BOB, BROWN  
Address: 19 EAST PELICAN  
City-St-Zip: NAPLES, FL 34113

Title: V (X) Delete  
Name: DECKER, TED  
Address: 425 SAN JUAN AVE.  
City-St-Zip: NAPLES, FL 34113

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: DECKER, TED  
Address: 425 SAN JUAN  
City-St-Zip: NAPLES, FL 34113

Title: T (X) Change ( ) Addition  
Name: HANNA, JUSTIN  
Address: 133 TAHITI CIR  
City-St-Zip: NAPLES, FL 34113

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: JUSTIN HANNA

T

08/26/2009

Electronic Signature of Signing Officer or Director

Date