2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT.

FILED Apr 26, 2005 8:00 am Secretary of State

DOCUMENT # 728700 1. Entity Name CAPRI VILLAGE EAST, INC.)			0	4-26-2005 90)128 028 ***	*61.25
Principal Place of Business 733 CAPRI ISLES BLVD. VENICE, FL 34292-2211	Mailing Address 1162 INDIAN I VENICE, FL 3	HILLS BLVD					
Principal Place of Business KEYS-CALDWELL, INC.	3. Mailing Addre	ss					
KEYS-CALDWELL INC	Suite Ant #	etc					
11824NDFAN HILLS BLVD. Suite, Apt. #, etc. VENISE, FL 34293 City & State					hg-NP (CR2E037 (10/0	,
	City & State			4. FEI Number 59-152160	0	-	Applied For Not Applicable
Zip Count/4	Zip	Cou	untry	5. Certificate of St	atus Desired	□ \$8.75 Fee Req	Additional uired
6. Name and Address of	Current Registered Agent			7. Name and Add	ress of New Reg		
CALDWELL, ANNETTE K		į	Name				
1162 INDIAN HILL BLVD VENICE, FL 34293			Street Addres	s (P.O. Box Number is i	Not Acceptable)		
,							
			City			FL Zip (Code
The above named entity submits this state the obligations of registered agent. SIGNATURE	ement for the purpose of cha	inging its registers	ea onice or regis	tered agent, or both, in	the State of Florid	aa. I am Iamiliar w	ith, and accept
Signature, typed or printed name of regist	ered agent and title if applicable.	(NOTE: Registered	ed Agent signature requ	ired when reinstating)		DATE	
Filing Fee is \$61.25 Due by May 1, 2005	9. Ele	(NOTE: Registered ction Campaign F st Fund Contributi	inancing	\$5.00 May Be Added to Fees		DATE se check payable a Department o	
Filing Fee is \$61.25 Due by May 1, 2005 10. OFFICERS	9. Ele Tru AND DIRECTORS	ction Campaign F st Fund Contributi	Financing tion.	\$5.00 May Be	Florida	e check payable Department o	SIN 10
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indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _

EKINATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROWN MESIC

F 9414088293

Daytime Phone #