

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 728700

FILED  
Apr 20, 2009  
Secretary of State

Entity Name: CAPRI VILLAGE EAST, INC.

## Current Principal Place of Business:

KEYS-CALDWELL INC.  
1162 INDIAN HILLS BLVD  
VENICE, FL 34293

## New Principal Place of Business:

## Current Mailing Address:

1162 INDIAN HILLS BLVD  
VENICE, FL 34293

## New Mailing Address:

FEI Number: 59-1521600

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

KEYS-CALDWELL, INC.  
1162 INDIAN HILLS BLVD.  
VENICE, FL 34293 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: SD ( ) Delete  
Name: MORTIS, GERALDINE  
Address: 767 VILLAGE CIRCLE  
City-St-Zip: VENICE, FL 34292

Title: VD ( ) Delete  
Name: BROWN, JACK  
Address: 755 VILLAGE CIRCLE DRIVE, #204  
City-St-Zip: VENICE, FL 34292

Title: TD ( ) Delete  
Name: BASSETTE, KAREN  
Address: 743 CAPRI ISLES BLVD., #211  
City-St-Zip: VENICE, FL 34292

Title: VD2 ( ) Delete  
Name: HUGHES, JOSEPH  
Address: 745 CAPRI ISLES BLVD 110  
City-St-Zip: VENICE, FL

Title: PD ( ) Delete  
Name: SEWARD, BILL  
Address: 755 VILLAGE CIRCLE DRIVE, #204  
City-St-Zip: VENICE, FL 34292

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VPD (X) Change ( ) Addition  
Name: MORTIS, GERALDINE  
Address: 767 VILLAGE CIRCLE  
City-St-Zip: VENICE, FL 34292

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: SD (X) Change ( ) Addition  
Name: SHEARON, GARY  
Address: 753 VILLAGE CIRCLE, #107  
City-St-Zip: VENICE, FL 34292

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: WILLIAM SEWARD

PD

04/20/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date