2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 738345

FILED Mar 21, 2011 Secretary of State

Entity Name: VILLAS CAPRI ASSOCIATION, INC.

Current Principal Place of Business:

C/O QUALIFIED PROPERTY MGMT INC

New Principal Place of Business:

5901 US HWY 19, STE 7Q

NEW PORT RICHEY, FL 34652

Current Mailing Address:

New Mailing Address:

1301 SEMINOLE BLVD. SUITE 110 LARGO, FL 33770

VILLAS CAPRI ASSN

12200 VONN RD

LARGO, FL 33774

C/O QUALIFIED PROPERTY MGMT INC 5901 US HWY 19, STE 7Q NEW PORT RICHEY, FL 34652

FEI Number: 59-1794536 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

QUALIFIED PROPERTY MANAGEMENT

NEW PORT RICHEY, FL 34652 US

Name and Address of New Registered Agent:

QUALIFIED PROPERTY MGMT INC 5901 US 19 N.

SUITE 7Q

NEW PORT RICHEY, FL 34652 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: MARY WHITE 03/21/2011

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD

5401 US 19 N.

SUITE 7Q

 Name:
 LEMANSKI, PATRICIA

 Address:
 12200 VONN RD, #1205

 City-St-Zip:
 LARGO, FL 33774

Title: VP

Name: VITRONE, DOROTHY
Address: 12200 VONN RD, #5C
City-St-Zip: LARGO, FL 33774

Title: SD

 Name:
 GEORGE, SHIRLEY

 Address:
 12200 VONN RD, #1308

 City-St-Zip:
 LARGO, FL 33774

Title: TD

 Name:
 LICATA, JERRY

 Address:
 12200 VONN RD, #1C

 City-St-Zip:
 LARGO, FL 33774

Title:

 Name:
 ROBBINS, JUDY

 Address:
 12200 VONN RD, #1203

 City-St-Zip:
 LARGO, FL 33774

Title:

Name: NOTO, FRANK

Address: 12200 VONN RD., #2201 City-St-Zip: LARGO, FL 33774

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: PATRICIA LEMANSKI PD 03/21/2011