2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 10, 2004
Secretary of State

DOCUMENT# 741229

Entity Name: VILLA CAPRI ASSOCIATION, INC.

Current Principal Place of Business:

%BENSON'S INC.
12650 WHITEHALL DR.
FT. MYERS, FL 339073619

New Principal Place of Business:

Current Mailing Address:

%BENSON'S INC.
12650 WHITEHALL DR.
FT. MYERS, FL 339073619

New Mailing Address:

FEI Number: 59-1556592 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BENSON, MARK R
C/O BENSON'S INC
12650 WHITEHALL DR
FT MYERS, FL 33907 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:	PD	( ) Delete
Name:	DONALDSON, JOHN	
Address:	2828 JACKSON ST M1	
City-St-Zip:	FT. MYERS, FL 33901	
Title:	TD	( ) Delete
Name:	DURANTINI, JOSEPH	
Address:	2828 JACKSON ST N-6	
City-St-Zip:	FT. MYERS, FL 33901	
Title:	SD	( ) Delete
Name:	DOWNS, JAMES	
Address:	2828 JACKSON ST., K-5	
City-St-Zip:	FORT MYERS, FL 33901	
Title:	D	( ) Delete
Name:	HORN, DONALD	
Address:	2828 JACKSON ST K-6	
City-St-Zip:	FORT MYERS, FL 33901	
Title:	VD	( ) Delete
Name:	SPIEKERMAN, EUGENE	
Address:	2828 JACKSON ST E-4	
City-St-Zip:	FORT MYERS, FL 33901	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	D	(X) Change ( ) Addition
Name:	PIERCE, MICHAEL	
Address:	2828 JACKSON ST M-3	
City-St-Zip:	FORT MYERS, FL 33901	
Title:	VD	(X) Change ( ) Addition
Name:	NOVAK, FRANK	
Address:	2828 JACKSON ST I-6	
City-St-Zip:	FORT MYERS, FL 33901	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: JOHN DONALDSON PRES 02/10/2004
Electronic Signature of Signing Officer or Director — Date