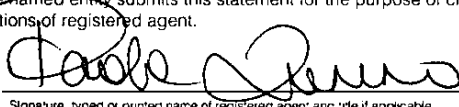
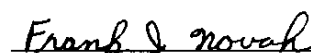


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2008 8:00 am
Secretary of State

01-29-2008 90010 007 ****61.25

DOCUMENT # 741229 1. Entity Name VILLA CAPRI ASSOCIATION, INC.					
Principal Place of Business 2828 JACKSON ST FORT MYERS, FL 33901			Mailing Address PO BOX 151845 CAPE CORAL, FL 33915		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-1556592	
Zip		Country		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ZUNINO, PAOLA C/O GPM INC 2799 DEL PRADO BLVD CAPE CORAL, FL 33903				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE  Signature, typed or printed name of registered agent; and title if applicable.				DATE 1/23/07 (NOTE: Registered Agent signature required when reinstating)	
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DUMAS, JESSIE 2828 JACKSON ST N FORT MYERS, FL 33901	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD RUFF, LEROY 2828 JACKSON ST C1 FORT MYERS, FL 33901	☒ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD FLADOR, JOYCE 2828 JACKSON ST #N-2 FORT MYERS, FL 33901	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD NOVAK, FRANK 2828 JACKSON ST I-6 FORT MYERS, FL 33901	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROWN, JULES 2828 JACKSON ST J3 FORT MYERS, FL 33901	☒ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	James D. Wood, VPD 2828 Jackson St # D-7 Fort Myers, FL 33901	☐ Change ☒ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Winnetta Sayre, D. 2828 Jackson St # K-1 Fort Myers FL 33901	☐ Change ☒ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	☐ Change ☐ Addition			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: 				DATE: 1-23-08	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone #	