

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT


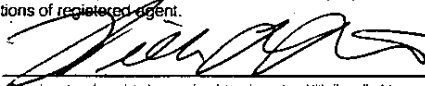
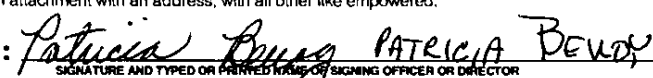
FILED
Apr 26, 2005 8:00 am
Secretary of State

04-26-2005 90183 025 ****61.25

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04132005 Chg-NP CR2E037 (10/03)

DOCUMENT # 759774			
1. Entity Name CAPRI BY THE GULF HOMEOWNERS ASSOCIATION, INC.		Principal Place of Business 3100 SCENIC HWY 98 DESTIN, FL 32541 US	
Mailing Address P O BOX 6433 DESTIN, FL 32550 US		2. Principal Place of Business	
Suite, Apt. #, etc.		3. Mailing Address P.O. Box 663	
City & State Destin FL		4. FEI Number 59-2328926	
Zip 32540		Country OKalouso	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent KELLEY, STEVE CAM 3100 SCENIC HWY 98 DESTIN, FL 32541		7. Name and Address of New Registered Agent Name Willie Merriott Realty Inc Street Address (P.O. Box Number is Not Acceptable) 1021 Hwy 98 East City Destin State FL Zip Code 32541	
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 		DATE	
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD NORTH, JERRY 1288 GATE POST LANE POWDER SPRINGS, GA 30127 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD 2nd Pat Perrotta 210 Brook Court Nieuville FL 32578 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BEOUY, PAT 4070 DRIFTINS SAND TRAIL DESTIN, FL 32541 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Pat Beauoy 4002 Vineyards Lane Kennesaw, Ga 30144 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MADDEN, NANCY 316 PINE HURST WAY CANTON, GA 301147749 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2VP MACE, DON 100 SHERBROOKE LANE HENDERSONVILLE, TN 370752617 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Grounds Jeanine Wright 34 Vaughns Gap Rd Nashville TN 37205 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD KAZEK, JOHN 3100 SCENIC HWY 98 DESTIN, FL 32541 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Ray Duncan 12609 Big Canoe Big Canoe, Ga 30143 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify 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 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 4/18/05 Daytime Phone # 678-290-8346	