

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 759774

FILED
Apr 30, 2008
Secretary of State

Entity Name: CAPRI BY THE GULF HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

3100 SCENIC HWY 98
DESTIN, FL 32541 US

New Principal Place of Business:

Current Mailing Address:

10221 EMERALD COAST PKWY
SUITE 23
MIRAMAR BEACH, FL 32550 US

New Mailing Address:

P.O. BOX 2613
FORT WALTON BEACH, FL 32548 US

FEI Number: 59-2328926

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GELDER, JAY
10221 EMERALD COAST PKWY
SUITE 23
MIRAMAR BEACH, FL 32550 US

Name and Address of New Registered Agent:

RDF ASSOCIATES, INC
29-C MIRACLE STRIP PKWY SW
FORT WALTON BEACH, FL 32548 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: ROBERT FOWNER

04/30/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: SD () Delete
Name: BRYANT, TOM
Address: 411 BERKSHIRE DR
City-St-Zip: RIDGELAND, MS 39157 US

Title: VPD () Delete
Name: ALVORD, GEORGE
Address: 3431 LAKE POINTE
City-St-Zip: MEMPHIS, TN 38125 US

Title: PD () Delete
Name: DEES, ANNA
Address: 13402 AMBER QUEEN LN
City-St-Zip: HOUSTON, TX 77041 US

Title: DT () Delete
Name: SMITH, DOUG
Address: 420 C BAYSHORE
City-St-Zip: DESTIN, FL 32550 US

Title: D () Delete
Name: BEUOY, DICK
Address: 8744 KENSINGTON DRIVE
City-St-Zip: NOBLESVILLE, IN 46060

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

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: ROBERT FOWNER

MGR

04/30/2008

Electronic Signature of Signing Officer or Director

Date