

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 761784

FILED
Apr 14, 2009
Secretary of State

Entity Name: VILLAS OF CAPRI HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

8360 W OAKLAND PARK BLVD
SUITE 301
SUNRISE, FL 33351

New Principal Place of Business:

1133 SOUTH UNIVERSITY DRIVE
SUITE 211
PLANTATION, FL 33324

Current Mailing Address:

C/O ALLIANCE PROPERTY
P.O. BOX 452199
FT LAUDERDALE, FL 333452199

New Mailing Address:

C/O ALLIANCE PROPERTY SYSTEMS
P.O. BOX 19439
PLANTATION, FL 33318

FEI Number: 59-2160947

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BAKALAR & EICHNER, P.A.
150 SOUTH PINE ISLAND ROAD - SUITE 540
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

BAKALAR & EICHNER, P.A.
150 SOUTH PINE ISLAND ROAD
SUITE 540
PLANTATION, FL 33324 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:

04/14/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: ORR, VILMA
Address: 9682 NW 45 STREET
City-St-Zip: SUNRISE, FL 33351

Title: DST () Delete
Name: WEISS, STEPHEN A
Address: 9632 NW 45TH CT
City-St-Zip: SUNRISE, FL 33351

Title: DS () Delete
Name: OCCHIONERO, RITA
Address: 4455 NW 97 TERRACE
City-St-Zip: SUNRISE, FL 33351

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: DT (X) Change () Addition
Name: COOMBS, EUTHAN
Address: 9683 NW 45TH STREET
City-St-Zip: SUNRISE, FL 33351

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: RITA OCCHIONERO

DS

04/14/2009

Electronic Signature of Signing Officer or Director

Date