

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 761784

**FILED**  
**Mar 16, 2011**  
**Secretary of State**

**Entity Name:** VILLAS OF CAPRI HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

1133 SOUTH UNIVERSITY DRIVE  
SUITE 211  
PLANTATION, FL 33324

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

**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:**

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

Title: DS  
Name: OCCHIONERO, RITA A  
Address: 4455 NW 97 TERR  
City-St-Zip: SUNRISE, FL 33351

Title: DT  
Name: JOHNS, NANCY C.  
Address: 9603 NW 45 STREET  
City-St-Zip: SUNRISE, FL 33351

I hereby 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 all other like empowered.

SIGNATURE: VILMA ORR

DP

03/16/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date