

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2006 8:00 am
Secretary of State

04-03-2006 90372 028 ****61.25

DOCUMENT # N00000000288

1. Entity Name
CAPRI HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business
1145 SAWGRASS CORP PKWY
SUNRISE, FL 33323

Mailing Address
1145 SAWGRASS CORP PKWY
SUNRISE, FL 33323

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03302006 Chg-NP CR2E037 (11/05)

4. FEI Number
65-1031707

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

THE LAW OFFICES OF KATZMAN & KORR, P.A.
1501 NORTHWEST 49TH STREET
SUITE 202
FORT LAUDERDALE, FL 33309

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2006

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 PD ☐ Delete
NAME SAUNDERS, FRANK
STREET ADDRESS 1145 SAWGRASS CORP. PARKWAY
CITY-ST-ZIP SUNRISE, FL 33323

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VD ☐ Delete
NAME ALDUEN, RICKY
STREET ADDRESS 1145 SAWGRASS CORP. PARKWAY
CITY-ST-ZIP SUNRISE, FL 33323

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE TD ☒ Delete
NAME PULDON, ROGER
STREET ADDRESS 1145 SAWGRASS CORP. PARKWAY
CITY-ST-ZIP SUNRISE, FL 33323

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE STD ☐ Delete
NAME RAMIREZ, DIANA
STREET ADDRESS 1145 SAWGRASS CORP. PARKWAY
CITY-ST-ZIP SUNRISE, FL 33323

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME TD RICHARD CYGAN
STREET ADDRESS 1145 SAWGRASS CORP. PARKWAY
CITY-ST-ZIP SUNRISE, FL 33323

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #