2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 21, 2009
Secretary of State

DOCUMENT# N00000000288

Entity Name: CAPRI HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

5055 SW 171ST AVENUE
MIRAMAR, FL 33027

New Principal Place of Business:

Current Mailing Address:

5055 SW 171ST AVENUE
MIRAMAR, FL 33027

New Mailing Address:

C/O CASTLE GROUP
P.O. BOX 559009
FT. LAUDERDALE, FL 33355

FEI Number: 65-1031707 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

THE LAW OFFICES OF KATZMAN & KORR, P.A.
1501 NORTHWEST 49TH STREET
SUITE 202
FORT LAUDERDALE, FL 33309 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: PD ( ) Delete
Name: REYES, FRANK
Address: 4998 SW 165TH AVENUE
City-St-Zip: MIRAMAR, FL 33027

Title: SD ( ) Delete
Name: DE SOUSA, DIANA
Address: 4915 SW 166TH AVENUE
City-St-Zip: MIRAMAR, FL 33027

Title: VPD (X) Delete
Name: CYGAN, RICHARD
Address: 4955 SW 165TH AVE
City-St-Zip: MIRAMAR, FL 33027

Title: TD ( ) Delete
Name: JOHNSON, JOHN
Address: 4932 SW 166TH AVE
City-St-Zip: HOLLYWOOD, FL 33027

Title: D (X) Delete
Name: ALDUEN, RICKY
Address: 4946 SW 166TH AVE
City-St-Zip: MIRAMAR, FL 33027

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 A. DONNELLY MGR 02/21/2009

Electronic Signature of Signing Officer or Director — Date