2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED May 04, 2007 8:00 am Secretary of State 05-04-2007 90094 024 ****61.25

DOCUMENT # N00000000429



CAPRI AT MIZNER COUNTRY CLUASSOCIATION, INC.	JB NEIGHBORHOOD)
Principal Place of Business 16102 MIZNER CLUB DRIVE DELRAY BEACH, FL 33446 C/O CAMPBELL PROPER 1215 E HILLSBORO BLV DEERFIELD BEACH, FL 3).	T TERRETORN COMPANY CO
2. Principal Place of Business - No P.O. Box #	3. Mailing Address	ner Clubi	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	•	04162007 Chg-NP CR2E037 (12/06)
City & State	Delray B	each FL	4. FEI Number Applied For 65-1034285 Not Applicable
Zip Country	23446	Country	5. Certificate of Status Desired See Required \$8.75 Additional Fee Required
6. Name and Address of Currer	nt Registered Agent	N	7. Name and Address of New Registered Agent
CAMPBELL PROPERTY MANAGEMENT 1215 E HILLSBORO BLVD DEERFIELD BEACH, FL 33441		Name Street Address	s (P.O. Box Number is Not Acceptable)
		City	FL Zip Code
the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agents.	nol and title if applicable. (NOTE: R	negristered Agent signature require	
Timing too to working to			
10. OFFICERS AND D TITLE VTD NAME BUCK, LAWRENCE STREET ADDRESS CITY-ST-ZIP DELRAY BEACH, FL 33484	Delete P	STREET ADDRESS 16	additions/changes to officers and directors in 10 Cohen Toz Mizner Club Dr Selvay Beach FL 33446
TITLE PD NAME DONNELLY, MICHAEL STREET ADDRESS 5300 WEST ATLANTIC AVENU CITY-SI-ZIP DELRAY BEACH, FL 33484		CITY-ST-ZIP	thony verderane Schange Addition the Strong Michael Club Dr. 1814 Beach FL 33446
TITLE SD NAME LUDLOW, SHANNON STREET ADDRESS 5300 WEST ATLANTIC AVENU CITY-ST-ZIP DELRAY BEACH, FL 33484		CITI-31-ZIF	effery Spanier Club Dr 5102 mizner Club Dr Delray Beach FL 33446
TITLE NAME STREET ADDRESS CITY-ST-ZIP	∟i Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	, Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addilro
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addilio
 indicated on this report or supplemental report 	t is true and accurate and that my nowered to execute this report as	r signature shall have the	ed in Chapter 119, Florida Statutes. I further certify that the information le same legal effect as if made under oath; that I am an officer or director 117, Florida Statutes; and that my name appears in Block 10 or Block 11 in 128 and 129 and 12

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone # Date