

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000000429

FILED
Jan 13, 2009
Secretary of State

Entity Name: CAPRI AT MIZNER COUNTRY CLUB NEIGHBORHOOD ASSOCIATION, INC.

Current Principal Place of Business:

16102 MIZNER CLUB DRIVE
DELRAY BEACH, FL 33446

New Principal Place of Business:

Current Mailing Address:

16102 MIZNER CLUB DRIVE
DELRAY BEACH, FL 33446

New Mailing Address:

FEI Number: 65-1034285

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CAMPBELL PROPERTY MANAGEMENT
1215 E HILLSBORO BLVD
DEERFIELD BEACH, FL 33441 US

Name and Address of New Registered Agent:

CAMPBELL PROPERTY MANAGEMENT
16102 MIZNER CLUB DR
DELRAY BEACH, FL 33446 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:

01/13/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: COHEN, DON
Address: 16102 MIZNER CLUB DR
City-St-Zip: DELRAY BEACH, FL 33446

Title: T () Delete
Name: VERDERAME, ANTHONY
Address: 16102 MIZNER CLUB DR
City-St-Zip: DELRAY BEACH, FL 33446

Title: S () Delete
Name: SPANIER, JEFFERY
Address: 16102 MIZNER CLUB DR
City-St-Zip: DELRAY BEACH, FL 33446

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: T (X) Change () Addition
Name: VOLANTE, ROSE
Address: 16102 MIZNER CLUB DR
City-St-Zip: DELRAY BEACH, FL 33446

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: DONALD COHEN

P

01/13/2009

Electronic Signature of Signing Officer or Director

Date