

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2008 8:00 am
Secretary of State

04-17-2008 90010 010 ****70.00

DOCUMENT # N00000007945					
1. Entity Name CAPRI AT MIRASOL PROPERTY OWNERS ASSOCIATION, INC.					
Principal Place of Business 21045 COMMERCIAL TR BOCA RATON, FL 33486			Mailing Address 21045 COMMERCIAL TR BOCA RATON, FL 33486		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-1058377	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ISAACSON, WILLIAM K C/O LNAG MANAGEMENT CO 21045 COMMERCIAL TRAIL BOCA RATON, FL 33486			7. Name and Address of New Registered Agent		
			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	P <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MINKER, JULES		NAME		
STREET ADDRESS	116 VIA CAPRI		STREET ADDRESS		
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33418		CITY-ST-ZIP		
TITLE	D <input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HAYES, JEFF		NAME		
STREET ADDRESS	110 VIA CAPRI		STREET ADDRESS		
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33418		CITY-ST-ZIP		
TITLE	S <input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LUCIA, ROBERT		NAME		
STREET ADDRESS	108 VIA CAPRI		STREET ADDRESS		
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33418		CITY-ST-ZIP		
TITLE	T <input type="checkbox"/> Delete		TITLE	Treasurer/Secretary <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	STERNLICHT, MARK		NAME		
STREET ADDRESS	103 VIA CAPRI		STREET ADDRESS		
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33418		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			NAME	Nerglee Golden	
STREET ADDRESS			STREET ADDRESS	115 Via Capri	
CITY-ST-ZIP			CITY-ST-ZIP	PBC, FL 33418.	
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			16/5/08 775-5460 <small>Date Daytime Phone #</small>		