


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 07, 2005 8:00 am**  
**Secretary of State**

02-07-2005 90083 011 \*\*\*\*61.25

**DOCUMENT # N03000010241**

1. Entity Name  
**CAPRINI HOMEOWNER'S ASSOCIATION, INC.**



Principal Place of Business  
 2223 TRADE CENTER WAY  
 NAPLES, FL 34109

Mailing Address  
 2223 TRADE CENTER WAY  
 NAPLES, FL 34109



2. Principal Place of Business  
**1845 TRADE CENTER WAY**

3. Mailing Address  
**1845 TRADE CENTER WAY**

40 CATHERINE A. HEARNON  
 Suite, Apt. #, etc.

40 CATHERINE A. HEARNON  
 Suite, Apt. #, etc.

City & State  
**NAPLES, FL**

City & State  
**NAPLES, FL**

Zip  
**34109**

Country  
**USA**

Zip  
**34109**

Country  
**USA**

01062005 Chg-NP CR2E037 (10/03)

6. Name and Address of Current Registered Agent

**CHEFFY PASSIDOMO WILSON & JOHNSON, LLP**  
**821 FIFTH AVE, S**  
**NAPLES, FL 34102**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$61.25 Due by May 1, 2005**

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
DP	FITERMAN, STEVEN C	6967 VERDE WAY	NAPLES, FL 34108	<input type="checkbox"/>
DV	STURDYVIN, DAVID M	2223 TRADE CENTER WAY	NAPLES, FL 34109	<input type="checkbox"/>
DST	FITERMAN, MATTHEW	2223 TRADE CENTER WAY	NAPLES, FL 34109	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
		<b>1845 TRADE CENTER WAY</b>	<b>NAPLES, FL 34109</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
		<b>1845 TRADE CENTER WAY</b>		<input checked="" type="checkbox"/>	<input type="checkbox"/>
	<b>S HEARNON, CATHERINE A.</b>	<b>1845 TRADE CENTER WAY</b>	<b>NAPLES, FL 34109</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:**  **1/20/05** **235-596-2966**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #