

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000010241

FILED
Apr 28, 2008
Secretary of State

Entity Name: CAPRINI HOMEOWNER'S ASSOCIATION, INC.

Current Principal Place of Business:

1845 TRADE CENTER WAY
C/O CATHRINE A. HERNDON
NAPLES, FL 34109

New Principal Place of Business:

VIA CAPRINI DRIVE
FORT MYERS, FL 33913

Current Mailing Address:

COLLIER FINANCIAL, INC.
4985 TAMIAMI TRAIL E.
NAPLES, FL 34113

New Mailing Address:

FEI Number: 20-0718235 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

HART, STEPHEN P
COLLIER FINANCIAL INC
4985 TAMIAMI TRAIL E
NAPLES, FL 34113 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: STEPHEN HART

04/28/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VD () Delete
Name: GRENNES, JR, ROBERT
Address: 11970 BLUESTONE DR
City-St-Zip: INDIANAPOLIS, IN 46236

Title: PD () Delete
Name: STURDYVIN, DAVID M
Address: 1845 TRADE CENTER WAY
City-St-Zip: NAPLES, FL 34109

Title: STD () Delete
Name: FITTERMAN, MATHEW
Address: 1845 TRADE CENTER WAY
City-St-Zip: NAPLES, FL 34109

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VD (X) Change () Addition
Name: GRENNES, JR, ROBERT
Address: 18221 VIA CAPRINI DRIVE
City-St-Zip: FT. MYERS, FL 33913

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: DAVID STURDYVIN

PD

04/28/2008

Electronic Signature of Signing Officer or Director

Date