

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 08, 2006 8:00 am
Secretary of State

05-01-2006 90378 026 ****61.25

DOCUMENT # N04000001997 1. Entity Name CAPRI AT LAVINA HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 5401 S KIRKMAN RD SUITE 450 ORLANDO, FL 32819		Mailing Address 5401 S KIRKMAN RD SUITE 450 ORLANDO, FL 32819			
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 20-0904640	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent COMMUNITY MANAGEMENT PROFESSIONALS 5401 S KIRKMAN ROAD STE 450 ORLANDO, FL 32819			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 _____ Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reappointing)					
Filing Fee is \$61.25 Due by May 1, 2006		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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD GOLDBERG, ALLAN N 708 TURNBALL AVENUE, SUITE 102 ALTAMONTE SPRINGS, FL 32701	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Carlos Haddock 10149 Granite Bay Dr. Orlando, FL 32832	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD COLE, WILLIAM W JR 708 TURNBALL AVENUE, SUITE 102 ALTAMONTE SPRINGS, FL 32701	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Pres. Chris Trump 10157 Granite Bay Dr Orlando, FL 32832	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BENNETT, DANA A 237 SOUTH WESTMONTE DRIVE SUITE 111 ALTAMONTE SPRINGS, FL 32714	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sec. Thomas Bell 10101 Granite Bay Dr Orlando, FL 32832	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ 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 ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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: <i>Carlos Haddock</i>			<i>April 27, 2006</i> <i>407 306 8205</i>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		