

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000000194

FILED  
Feb 22, 2006  
Secretary of State

Entity Name: CAPRIANA CONDOMINIUM OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

2801 SW ARCHER RD  
GAINESVILLE, FL 32608

**New Principal Place of Business:**

**Current Mailing Address:**

2801 SW ARCHER RD  
GAINESVILLE, FL 32608

**New Mailing Address:**

FEI Number: 20-2221929

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MCGRIFF, LORI  
2801 SW ARCHER RD  
GAINESVILLE, FL 32608 US

**Name and Address of New Registered Agent:**

MCGRIFF, LORI E  
2801 SW ARCHER RD  
GAINESVILLE, FL 32608 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: LORI E. MCGRIFF

02/22/2006

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: MCGRIFF, LORI  
Address: 2801 SW ARCHER RD  
City-St-Zip: GAINESVILLE, FL 32608

Title: D ( ) Delete  
Name: SNOOK, ORIANNA  
Address: 2801 SW ARCHER RD  
City-St-Zip: GAINESVILLE, FL 32608

Title: D ( ) Delete  
Name: HARL, TOM  
Address: 2801 SW ARCHER RD  
City-St-Zip: GAINESVILLE, FL 32608

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: MCGRIFF, LORI  
Address: 2801 SW ARCHER RD  
City-St-Zip: GAINESVILLE, FL 32608

Title: S/T (X) Change ( ) Addition  
Name: SNOOK, ORIANNA  
Address: 2801 SW ARCHER RD  
City-St-Zip: GAINESVILLE, FL 32608

Title: VPD (X) Change ( ) Addition  
Name: HARL, TOM  
Address: 2801 SW ARCHER RD  
City-St-Zip: GAINESVILLE, FL 32608

I hereby certify that the information supplied with this filing does not qualify for the 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: LORI E. MCGRIFF

PD

02/22/2006

Electronic Signature of Signing Officer or Director

Date