

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000000194

FILED
Mar 11, 2009
Secretary of State

Entity Name: CAPRIANA CONDOMINIUM OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

2180 WEST SR 434
SUITE 5000
LONGWOOD, FL 327795044

New Principal Place of Business:

Current Mailing Address:

2180 WEST SR 434
SUITE 5000
LONGWOOD, FL 327795044

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:

HART, JAMES W JR
SENTRY MANAGEMENT INC
2180 W SR 434 STE 5000
LONGWOOD, FL 32779 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

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

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

Title: VPD () Delete
Name: GRAHAM, DARYL
Address: 1425 OCEAN SHORE BLVD #402
City-St-Zip: ORMOND BRACH, FL 32176

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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

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: LORI MCGRIFF

PD

03/11/2009

Electronic Signature of Signing Officer or Director

_____ Date