

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 30, 2008 8:00 am
Secretary of State

01-30-2008 90029 050 ****61.25

DOCUMENT # N06000006030					
1. Entity Name CAPRI AT HUNTERS CREEK CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 14201 FREDRICKSBURG DR ORLANDO, FL 32837			Mailing Address 14201 FREDRICKSBURG DR ORLANDO, FL 32837		
2. Principal Place of Business - No P.O. Box # <i>Capri at Hunters Creek</i>		3. Mailing Address <i>14201 Fredricksburg Dr.</i>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <i>Orlando FL</i>		City & State <i>FL</i>		4. FEI Number 20-5030942	
Zip <i>32837</i>		Country <i>Orange</i>		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CAPRI AT HUNTERS CREEK 14201 FREDRICKSBURG BLVD. ORLANDO, FL 32837			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: <i>Natalyn B...</i> (NOTE: Registered Agent signature required when reinstating) DATE: <i>1/15/08</i>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	PD MCCLURE, BRIAN K 5925 CARNEGIE BLVD #550 CHARLOTTE, NC 28209	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV CONNELLY, WILLIAM D 950 MARKET PROMENADE AVE #2200 LAKE MARY, FL 32746	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST SAFFOS, TRACY 950 MARKET PROMENADE AVE #2200 LAKE MARY, FL 32746	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____ _____	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____ _____	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____ _____	<input type="checkbox"/> Delete			
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President William D. Connelly 14352 Fredricksburg Dr. # 902 Orlando, FL 32837-8625	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Sarah Wichner 14205 Falls Church Dr. #2007 Orlando, FL 32837-8625	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Matias Molina 14353 Fredricksburg Dr. #908 Orlando, FL 32837-8625	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Angie Nassif 2015 Reston Rd. #2012 Orlando, FL 32837-8625	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Rhoda Smith 14353 Fredricksburg Dr. #902 Orlando, FL 32837-8625	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____ _____	<input type="checkbox"/> Change <input type="checkbox"/> 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>William D. Connelly</i>		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date: <i>01.09.2008</i> Daytime Phone #: <i>407.277.9795</i>	