# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Jan 27, 2009**
**Secretary of State**

DOCUMENT# N06000006030

**Entity Name:** CAPRI AT HUNTERS CREEK CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

CAPRI AT HUNTERS CREEK
ORLANDO, FL 32837

**New Principal Place of Business:**

**Current Mailing Address:**

14201 FREDRICKSBURG DR.
ORLANDO, FL 32837

**New Mailing Address:**

**FEI Number: 20-5030942** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

CAPRI AT HUNTERS CREEK
14201 FREDERICKSBERG BLVD.
ORLANDO, FL 32837 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: P ( ) Delete
Name: CONNELLY, WILLIAM
Address: 14352 FREDRICKSBURG #802
City-St-Zip: ORLANDO, FL 328378625

Title: DV ( ) Delete
Name: CONNELLY, WILLIAM D
Address: 950 MARKET PROMENADE AVE #2200
City-St-Zip: LAKE MARY, FL 32746

Title: S ( ) Delete
Name: WICHNER, SARAH
Address: 14205 FALLS CHURCH DR. #2007
City-St-Zip: ORLANDO, FL 328378625

Title: T ( ) Delete
Name: MATIAS, MOLINA
Address: 14353 FREDRICKSBURG DR. #908
City-St-Zip: ORLANDO, FL 328378625

Title: VP ( ) Delete
Name: NASSIF, ANGIE
Address: 2015 RESTON RD. #2217
City-St-Zip: ORLANDO, FL 328378625

Title: D ( ) Delete
Name: SMITH, RHODA
Address: 14355 FRRDRICKSBURG DR. #902
City-St-Zip: ORLANDO, FL 328378625

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

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

Title: DV (X) Change ( ) Addition
Name: CONNELLY, WILLIAM D
Address: 14352 FREDRICKSBURG #802
City-St-Zip: ORLANDO, FL 328378625

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

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

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 CONNELLY PRES 01/27/2009

Electronic Signature of Signing Officer or Director — Date