

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000012481

FILED
Jul 05, 2008
Secretary of State

Entity Name: CAPRI ISLES JUNIOR GOLF PROGRAM INC

Current Principal Place of Business:

849 CAPRI ISLES BLVD
VENICE, FL 34292

New Principal Place of Business:

Current Mailing Address:

849 CAPRI ISLES BLVD
VENICE, FL 34292

New Mailing Address:

FEI Number: 20-5991633 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

CUMMINGS, MICHAEL J
849 CAPRI ISLES BLVD
VENICE, FL 34292 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: CUMMINGS, MICHAEL J
Address: 849 CAPRI ISLES BLVD
City-St-Zip: VENICE, FL 34292

Title: VP () Delete
Name: SIMPSON, PATRICIA A
Address: 849 CAPRI ISLES BLVD
City-St-Zip: VENICE, FL 34292

Title: T () Delete
Name: JOHNSON, REBECCA L
Address: 849 CAPRI ISLES BLVD
City-St-Zip: VENICE, FL 34292

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP (X) Change () Addition
Name: JOHNSON, REBECCA
Address: 849 CAPRI ISLES BLVD
City-St-Zip: VENICE, FL 34292

Title: T (X) Change () Addition
Name: GILBERT, RICHARD
Address: 849 CAPRI ISLES BLVD
City-St-Zip: VENICE, FL 34292

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: MICHAEL J. CUMMINGS

P

07/05/2008

Electronic Signature of Signing Officer or Director

Date