

FILED
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Secretary of State

01-22-2008 90052 035 ****61.25

2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

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DOCUMENT # N07000008039			
1. Entity Name CAPRI COMMONS COMMUNITY ASSOCIATION, INC.			
Principal Place of Business C/O WELSH COMPANIES FL, INC. 2400 NINTH STREET NORTH SUITE 101 NAPLES, FL 34103		Mailing Address C/O WELSH COMPANIES FL, INC. 2400 NINTH STREET NORTH SUITE 101 NAPLES, FL 34103	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
BOLANOS TRUXTON, P.A. 12800 UNIVERSITY DRIVE SUITE 350 FORT MYERS, FL 33907		Name <u>WELSH CO FL INC</u> Street Address (P.O. Box Number is Not Acceptable) <u>2400 NINTH ST N SUITE 101</u> City <u>NAPLES FL</u> Zip Code <u>34103</u>	
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 <u>George Vukobratovich</u> Signature, typed or printed name of registered agent and title if applicable		GEORGE VUKOBRAOVICH PRESIDENT WELSH CO FL INC (NOTE: Registered Agent signature required when re-registering) DATE <u>1-17-08</u>	
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV PATEL, AJAY R 1847 MANCHESTER CT NAPLES, FL 34109 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST PATEL, SUNALI A 1647 MANCHESTER CT NAPLES, FL 34109 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP VUKOBRAOVICH, GEORGE 2400 9TH STREET NAPLES, FL 34103 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: <u>George Vukobratovich</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date <u>1-17-08</u> Daytime Phone # <u>261-4744</u>	