

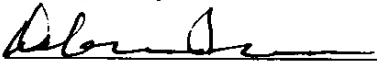
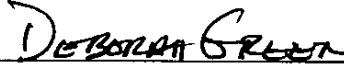
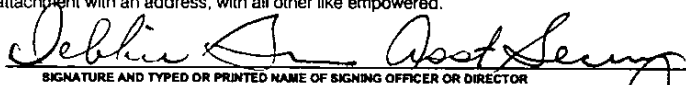


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 14, 2006 8:00 am**  
**Secretary of State**

04-14-2006 90143 037 \*\*\*\*61.25

<b>DOCUMENT # N07150</b> 1. Entity Name <b>GOLFVIEW OF CAPRI CONDOMINIUM ASSOCIATION, INC.</b>					
Principal Place of Business <b>924-A CAPRI ISLES BLVD.</b> <b>VENICE, FL 34292 US</b>				Mailing Address <b>924-A CAPRI ISLES BLVD.</b> <b>VENICE, FL 34292 US</b>	
2. Principal Place of Business Suite, Apt. #, etc. <b>810 B PINEBROOK Rd</b> City & State <b>VENICE FL</b> Zip <b>34285</b>		3. Mailing Address Suite, Apt. #, etc. <b>SAME</b> City & State <b>VENICE FL</b> Zip <b>34285</b>			
03252006 Chg-NP CR2E037 (11/05)				4. FEI Number <b>59-2828535</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent <b>CAVEDINE, JOE</b> <b>926 CAPRI ISLES BLVD.</b> <b>#226</b> <b>VENICE, FL 34292</b>			7. Name and Address of New Registered Agent Name <b>CAPRI PROPERTY MGMT., INC</b> Street Address (P.O. Box Number is Not Acceptable) <b>810 B PINEBROOK Rd</b> City <b>VENICE</b> FL Zip Code <b>34285</b>		
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  <small>Signature, typed or printed name of registered agent and title if applicable.</small>		 <small>(NOTE: Registered Agent signature required when reinstating)</small>		3-31-06 <small>DATE</small>	
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be</b> <b>Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CAVEDINE, JOE 926 CAPRI ISLES, #226 VENICE, FL 34292	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD PITTARELLI, NICHOLAS 922 CAPRI ISLES BLVD # 115 VENICE, FL 34292	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	RSP ALLEN, JOHN 928 CAPRI ISLES BLVD # 229 VENICE, FL 34292	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HOSTETLER, STERLING 922 CAPRI ISLES, #216 VENICE, FL 34292	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CSD STEVENS, HARRY 920 CAPRI ISLES, #210 VENICE, FL 34292	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS GREEN, DEBBIE 8108 PINEBROOK ROAD VENICE, FL 34285	<input type="checkbox"/> Delete	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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			4/11/06 944 42 0449 <small>Date Daytime Phone #</small>		

RUN DATE: 3/25/06

RUN TIME: 9:22 AM

Golfview of Capri Condo. Assoc

BOARD/COMMITTEE MEMBERS REPORT AS OF 03/25/06

NAME/ADDRESS

TITLE/E-MAIL

CLASS: BOARD OF DIRECTORS

Harry Stevens                      Recording Secretary  
920 Capri Isles Blvd. # 210      harrykathy2@aol.com  
Venice FL 34292

John Allen                          Secretary  
928 Capri Isles Blvd. # 229  
Venice FL 34292

Georgia Allen                      President  
928 Capri Isles Blvd. # 229      jandgallen@msn.com  
Venice FL 34292

Jim Mander                          Treasurer  
920 Capri Isles Blvd. # 213  
Venice FL 34292

Donna Narancich                   Vice President  
928 Capri Isles Blvd. # 232  
Venice FL 34292

-- End of report --