


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2008 8:00 am
Secretary of State

04-18-2008 90049 031 ****61.25

DOCUMENT # N07150					
1. Entity Name GOLFVIEW OF CAPRI CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 810 S PINEBROOK RD B VENICE, FL 34285 US			Mailing Address 810 S PINEBROOK RD C/CAPRI PROPERTY MANAGEMENT VENICE, FL 34285 US		
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	4. FEI Number 59-2828535	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
CAPRI PROPERTY MGMT., INC 810B PINEBROOK RD VENICE, FL 34285				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
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				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	P	<input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ALLEN, GEORGE			NAME	Bellaire, Barbara
STREET ADDRESS	928 CAPRI ISLES BLVD #229			STREET ADDRESS	922 Capri Isles Blvd #118
CITY-ST-ZIP	VENICE, FL 34292			CITY-ST-ZIP	VENICE, FL 34292
TITLE	VP	<input type="checkbox"/> Delete		TITLE	PD
NAME	MUFFLER, BRENT			NAME	Allen, Georgia
STREET ADDRESS	918 CAPRI ISLE BLVD #107			STREET ADDRESS	928 Capri Isles Blvd # 229
CITY-ST-ZIP	VENICE, FL 34292			CITY-ST-ZIP	VENICE, FL 34292
TITLE	S	<input type="checkbox"/> Delete		TITLE	
NAME	ALLEN, JOHN			NAME	Stevens, Harry
STREET ADDRESS	928 CAPRI ISLES BLVD # 229			STREET ADDRESS	920 Capri Isles Blvd #210
CITY-ST-ZIP	VENICE, FL 34292			CITY-ST-ZIP	VENICE, FL 34292
TITLE	T	<input type="checkbox"/> Delete		TITLE	
NAME	MANDERA, JIM			NAME	
STREET ADDRESS	920 CAPRI ISLES BLVD #213			STREET ADDRESS	
CITY-ST-ZIP	VENICE, FL 34292			CITY-ST-ZIP	
TITLE	RS	<input checked="" type="checkbox"/> Delete		TITLE	
NAME	ELLIS, JERRY			NAME	
STREET ADDRESS	922 CAPRI ISLES BLVD 3217			STREET ADDRESS	
CITY-ST-ZIP	VENICE, FL 34292			CITY-ST-ZIP	
TITLE	AS	<input type="checkbox"/> Delete		TITLE	
NAME	GREEN, DEBBIE			NAME	
STREET ADDRESS	810 B PEMBROOK RD			STREET ADDRESS	
CITY-ST-ZIP	VENICE, FL 34285			CITY-ST-ZIP	
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>Debbie Green Ass. Sec</i>				Date: 4-15-08	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone #: 941 412 0449	