

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07150

FILED  
Mar 12, 2012  
Secretary of State

**Entity Name:** GOLFVIEW OF CAPRI CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

810 B PINEBROOK RD  
VENICE, FL 34285 US

**New Principal Place of Business:**

**Current Mailing Address:**

810 B PINEBROOK RD  
VENICE, FL 34285 US

**New Mailing Address:**

**FEI Number:** 59-2828535      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

CAPRI PROPERTY MGMT., INC  
810 B PINEBROOK RD  
VENICE, FL 34285 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  
Name: ALLEN, GEORGIA  
Address: 810 B PINEBROOK RD  
City-St-Zip: VENICE, FL 34285

Title: VP  
Name: MUFFLER, BRENT  
Address: 810 B PINEBROOK RD  
City-St-Zip: VENICE, FL 34285

Title: TD  
Name: MANDERA, JIM  
Address: 810 B PINEBROOK RD  
City-St-Zip: VENICE, FL 34285

Title: SD  
Name: CORETIN, RICHARD  
Address: 810 B PINEBROOK RD  
City-St-Zip: VENICE, FL 34285

Title: CSD  
Name: CARROLL, ROBERT  
Address: 810 B PINEBROOK RD  
City-St-Zip: VENICE, FL 34285

I hereby 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 all other like empowered.

SIGNATURE: GEORGIA ALLEN

PD

03/12/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date