

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11628

FILED
Apr 30, 2009
Secretary of State

Entity Name: VILLE DE CAPRI HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

6413 CONGRESS AVE.
SUITE 200
BOCA RATON, FL 33487 US

New Principal Place of Business:

Current Mailing Address:

6413 CONGRESS AVE.
SUITE 200
BOCA RATON, FL 33487 US

New Mailing Address:

FEI Number: 59-2707757 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CREST MANAGEMENT GROUP INC.
6413 CONGRESS AVE. GARY BUDD
SUITE 200
BOCA RATON, FL 33487 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: SD () Delete
Name: ELLMAN, CHARLES
Address: 5077 VIA DEAMALFI DR
City-St-Zip: BOCA RATON, FL 33496

Title: PTD () Delete
Name: BABITT, IVAN
Address: 5173 VIA DE AMALFI DRIVE
City-St-Zip: BOCA RATON, FL 33496

Title: VPD () Delete
Name: MAY, SHELDON
Address: 17524 VIA CAPRI
City-St-Zip: BOCA RATON, FL 33496

Title: D () Delete
Name: KLIGERMAN, MIRALYN
Address: 17532 VIA CAPRI
City-St-Zip: BOCA RATON, FL 33496

Title: D () Delete
Name: ROTCHILD, DOROTHY
Address: 17517 VIA CAPRI
City-St-Zip: BOCA RATON, FL 33496

Title: D () Delete
Name: SCHWARTZ, MARCIA
Address: 17418 VIA CAPRI EAST
City-St-Zip: BOCA RATON, FL 33496

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

Title: D (X) Change () Addition
Name: FRIEDMAN, DONALD
Address: 17366 VIA CAPRI
City-St-Zip: BOCA RATON, FL 33496

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

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: IVAN BABBIT

P

04/30/2009

Electronic Signature of Signing Officer or Director

_____ Date