

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N13340

FILED  
Apr 07, 2009  
Secretary of State

Entity Name: VILLA CAPRI HOMEOWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

770 VIA MILANO CIR  
APOPKA, FL 32712 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 1348  
APOPKA, FL 32704 US

**New Mailing Address:**

FEI Number: 59-2874642      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

LAREAU, STEPHEN  
770 VIA MILANO CIR  
APOPKA, FL 32712 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: T ( ) Delete  
Name: LARIM, STEPHEN  
Address: 770 VIA MILANO  
City-St-Zip: APOPKA, FL 32712

Title: P (X) Delete  
Name: THOMPSON, JAMES  
Address: 605 VIA MILANO  
City-St-Zip: APOPKA, FL 32712

Title: VP ( ) Delete  
Name: WEEKLOY, ROBERT L  
Address: 630 VIA MILANO  
City-St-Zip: APOPKA, FL 32712

Title: S ( ) Delete  
Name: YOUNG, JOYCE  
Address: 767 VIA MILANO  
City-St-Zip: APOPKA, FL 32712

Title: D ( ) Delete  
Name: CRADDOCK, JEFF  
Address: 719 VIA MILANO  
City-St-Zip: APOPKA, FL 32712

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: LAREAU, STEPHEN  
Address: 770 VIA MILANO  
City-St-Zip: APOPKA, FL 32712

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

Title: VP (X) Change ( ) Addition  
Name: MARTINEZ, ADAM  
Address: 782 VIA MILANO CIR  
City-St-Zip: APOPKA, FL 32712

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

Title: T (X) Change ( ) Addition  
Name: CRADDOCK, JEFF  
Address: 719 VIA MILANO  
City-St-Zip: APOPKA, FL 32712

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: STEPHEN R LAREAU

P

04/07/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date