

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N18766

FILED
Apr 28, 2009
Secretary of State

Entity Name: CARLENTINI SUBDIVISION OF CAPRI ISLES HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

1503 STRADA D'ORO
VENICE, FL 342921512 US

New Principal Place of Business:

1501 STRADA D'ORO
VENICE, FL 342921512 US

Current Mailing Address:

1503 STRADA D'ORO
VENICE, FL 342921512 US

New Mailing Address:

1501 STRADA D'ORO
VENICE, FL 342921512 US

FEI Number: 65-0087352

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LACHIUSA, JANE E F
1503 STRADA D'ORO
VENICE, FL 342921512 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 () Delete
Name: DAILEY, MARVIN R
Address: 1501 STRADA D'ORO
City-St-Zip: VENICE, FL 34292

Title: S () Delete
Name: DIENE, BRUNI
Address: 1446 STRADA D'ORO
City-St-Zip: VENICE, FL 34292

Title: T () Delete
Name: LACHIUSA, JANE E F.
Address: 1503 STRADA D'ORO
City-St-Zip: VENICE, FL 342921512 US

Title: VP () Delete
Name: HINSHAW, CRAIG
Address: 1550 STRADA D'ORO
City-St-Zip: VENICE, FL 34292

Title: D () Delete
Name: PENDERGAST, DORIS
Address: 1458 STRADA D'ORO
City-St-Zip: VENICE, FL 34292

Title: D () Delete
Name: KOVALY, BILL
Address: 1439 STRADA D'ORO
City-St-Zip: VENICE, FL 34292

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: S (X) Change () Addition
Name: DIANE, BRUNI
Address: 1446 STRADA D'ORO
City-St-Zip: VENICE, FL 34292

Title: T (X) Change () Addition
Name: BRUNI, DIANE
Address: 1446 STRADA D'ORO
City-St-Zip: VENICE, FL 342921512 US

Title: VP (X) Change () Addition
Name: HINSHAW, CRAIG
Address: 1515 STRADA D'ORO
City-St-Zip: VENICE, FL 34292

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

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: DIANE BRUNI

S

04/28/2009

Electronic Signature of Signing Officer or Director

Date