

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N18766

FILED  
Feb 03, 2012  
Secretary of State

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

**Current Principal Place of Business:**

1448 STRADA D' ARGENTO  
VENICE, FL 342921512 US

**New Principal Place of Business:**

**Current Mailing Address:**

1439 STRADA D' ORO  
VENICE, FL 342921512 US

**New Mailing Address:**

1448 STRADA D' ARGENTO  
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:**

KOVALY, EILEEN M  
1439 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  
Name: YOCOM, DANNY T  
Address: 1448 STRADA D' ARGENTO  
City-St-Zip: VENICE, FL 34292

Title: S  
Name: TUMMINIA, LOIS  
Address: 1401 STRADA D' ARGENTO  
City-St-Zip: VENICE, FL 34292

Title: T  
Name: KOVALY, EILEEN M  
Address: 1439 STRADA D' ORO  
City-St-Zip: VENICE, FL 342921512 US

Title: VP  
Name: TUMMINIA, PHIL  
Address: 1401 STRADA D' ARGENTO  
City-St-Zip: VENICE, FL 34292

Title: D  
Name: CHRISTIANSEN, BOB & DEANNA  
Address: 1416 STRADA D' ARGENTO  
City-St-Zip: VENICE, FL 34292

Title: D  
Name: BRUNI, DIANE  
Address: 1446 STRADA D' ORO  
City-St-Zip: VENICE, FL 34292

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: EILEEN KOVALY

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02/03/2012

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

\_\_\_\_\_  
Date