

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000000430

FILED
Jan 07, 2009
Secretary of State

Entity Name: CAPRI AT PELICAN LANDING HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

C/O SCHOO MGT INC
9411 - 2 CYPRESS LAKE DRIVE
FORT MYERS, FL 33919 US

New Principal Place of Business:

Current Mailing Address:

C/O SCHOO MGT INC
9411 - 2 CYPRESS LAKE DRIVE
FORT MYERS, FL 33919 US

New Mailing Address:

FEI Number: 59-3371536 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GELLES, ROBERT E
C/O SCHOO MANAGEMENT, INC.
9411 - 2 CYPRESS LAKE DRIVE
FORT MYERS, FL 33919 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: DP () Delete
Name: MADALENA, JERRY
Address: 24753 GOLDCREST DRIVE
City-St-Zip: BONITA SPRINGS, FL 34134

Title: TD () Delete
Name: CAMERON, BOB
Address: 24712 HOLLYBRIER LN
City-St-Zip: BONITA SPRINGS, FL 34134

Title: VPD () Delete
Name: BARTOS, LEON
Address: 24713 HOLLYBRIER LANE
City-St-Zip: BONITA SPRINGS, FL 34134

Title: SD () Delete
Name: WARE, KEN
Address: 24717 HOLLY BRIER LANE
City-St-Zip: BONITA SPRINGS, FL 34134

Title: D () Delete
Name: MOSHEIM, BETTY
Address: 24792 HOLLYBRIER LANE
City-St-Zip: BONITA SPRINGS, FL 34134

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: () 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: JERRY MADALENA

PRES

01/07/2009

Electronic Signature of Signing Officer or Director

_____ Date