2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 22, 2007
Secretary of State

DOCUMENT# N96000002578

Entity Name: COMMUNITY ASSOCIATION FOR CAPRI, INC.

Current Principal Place of Business:

2801 SW ARCHER RD
GAINESVILLE, FL 32608

New Principal Place of Business:

Current Mailing Address:

2801 SW ARCHER RD
GAINESVILLE, FL 32608

New Mailing Address:

FEI Number: 59-3384270 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MCGRIFF, LORI E
2801 SW ARCHER RD
GAINESVILLE, FL 32608 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: PD ( ) Delete
Name: SCONYERS, HELEN
Address: 4345 NW 36TH DR
City-St-Zip: GAINESVILLE, FL 32605

Title: VP ( ) Delete
Name: RAMEY, BOB
Address: 4526 NW 36TH TERR
City-St-Zip: GAINESVILLE, FL 32605

Title: S ( ) Delete
Name: GIBBS, VICKY
Address: 4435 NW 36TH TERR
City-St-Zip: GAINESVILLE, FL 32605

Title: TD ( ) Delete
Name: ANTONY, TOM
Address: 4431 NW 35TH TERR
City-St-Zip: GAINESVILLE, FL 32605

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP (X) Change ( ) Addition
Name: BLANCHARD, DICK
Address: 4326 NW 37TH TERRACE
City-St-Zip: GAINESVILLE, FL 32605

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 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: TOM ANTONY TD 02/22/2007

Electronic Signature of Signing Officer or Director — Date