

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000003939

FILED  
Feb 12, 2009  
Secretary of State

**Entity Name:** GARDENS II AT WATERSIDE VILLAGE ASSOCIATION, INC.

**Current Principal Place of Business:**

CAPRI PROPERTY MANAGEMENT INC.  
810 B PINEBROOK RD.  
VENICE, FL 34285

**New Principal Place of Business:**

810 B PINEBROOK RD  
VENICE, FL 34285

**Current Mailing Address:**

CAPRI PROPERTY MANAGEMENT INC.  
810 B PINEBROOK RD.  
VENICE, FL 34285

**New Mailing Address:**

C/O CAPRI PROPERTY MANAGEMENT INC.  
810 B PINEBROOK RD  
VENICE, FL 34285

**FEI Number:** 65-0686431

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CAPRI PROPERTY MANAGEMENT, INC.  
810 B PINEBROOK RD.  
VENICE, FL 34285 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: ELIE, ROBERT  
Address: 203 SILVER LAKE DR., #104  
City-St-Zip: VENICE, FL 34292

Title: VPD ( ) Delete  
Name: HOLDEN, BETTY  
Address: 203 SILVER LAKE DR, # 101  
City-St-Zip: VENICE, FL 34292

Title: STD ( ) Delete  
Name: KOHER, ROBERT  
Address: 203 SILVER LAKE DR, # 105  
City-St-Zip: VENICE, FL 34292

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

Title: PD (X) Change ( ) Addition  
Name: ELIE, ROBERT  
Address: 810 B PINEBROOK RD  
City-St-Zip: VENICE, FL 34285

Title: TD (X) Change ( ) Addition  
Name: HOLDEN, BETTY  
Address: 810 B PINEBROOK RD  
City-St-Zip: VENICE, FL 34285

Title: SD (X) Change ( ) Addition  
Name: COUCH, BEVERLY  
Address: 810 B PINEBROOK RD  
City-St-Zip: VENICE, FL 34285

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: BETTY HOLDEN

TD

02/12/2009

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

\_\_\_\_\_  
Date