

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000007056

FILED  
May 02, 2006  
Secretary of State

**Entity Name:** CAPRI COVE HOMEOWNER'S ASSOCIATION, INC.

**Current Principal Place of Business:**

216 CAPRI COVE PLACE  
SANFORD, FL 32771

**New Principal Place of Business:**

204 CAPRI COVE PLACE  
SANFORD, FL 32771

**Current Mailing Address:**

234 CAPRI COVE PLACE  
SANFORD, FL 32771

**New Mailing Address:**

**FEI Number:** 59-3494152      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

SZYMANSKI, SUSAN  
216 CAPRI CAFE PLACE  
SANFORD, FL 32771      US

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

CUILLO, JEAN  
204 CAPRI CAFE PLACE  
SANFORD, FL 32771      US

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: JEAN CUILLO

05/02/2006

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PBOD      ( ) Delete  
Name: SZYMANSKI, SUSAN  
Address: 216 CAPRI COVE PLACE  
City-St-Zip: SANFORD, FL 32771

Title: VPBD      ( ) Delete  
Name: PARPIA, AMMAN  
Address: 221 CAPRI COVE PLACE X  
City-St-Zip: SANFORD, FL 32771

Title: SBOD      ( ) Delete  
Name: BRIGGS, CHERRI  
Address: 213 CAPRI COVE PLACE  
City-St-Zip: SANFORD, FL 32771

Title: TBOD      ( ) Delete  
Name: BAKER, MELISSA  
Address: 209 CAPRI COVE PLACE  
City-St-Zip: SANFORD, FL 32771

Title: BOD      ( ) Delete  
Name: BAYHI, CRAIG  
Address: 224 CAPRI COVE PLACE  
City-St-Zip: SANFORD, FL 32771

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

Title: PBOD      (X) Change ( ) Addition  
Name: CUILLO, JEAN  
Address: 204 CAPRI COVE PLACE  
City-St-Zip: SANFORD, FL 32771

Title: VPBD      (X) Change ( ) Addition  
Name: CASTERLINE, SEAN  
Address: 232 CAPRI COVE PLACE  
City-St-Zip: SANFORD, FL 32771

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 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: MELISSA BAKER

TBOD

05/02/2006

Electronic Signature of Signing Officer or Director

Date