2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2009
Secretary of State

DOCUMENT# N97000007056

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

Current Principal Place of Business:

204 CAPRI COVE PLACE
SANFORD, FL 32771

New Principal Place of Business:

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:

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

Name and Address of New Registered Agent:

CUILLO, JEAN
204 CAPRI COVE 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: _____ 05/04/2009
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

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

Title: VPBD ( ) Delete
Name: CASTERLINE, SEAN
Address: 232 CAPRI COVE PLACE
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: HENRY, BLAINE
Address: 208CAPRI COVE PLACE
City-St-Zip: SANFORD, FL 32771

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: MELISSA BAKER TBOD 05/04/2009
Electronic Signature of Signing Officer or Director — Date