

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 01, 2005 08:00 AM
Secretary of State

DOCUMENT # P00000014043

1. Entity Name
CAPRI PROPERTY MANAGEMENT, INC.



Principal Place of Business Mailing Address
810B PINEBROOK ROAD 810B PINEBROOK ROAD
VENICE, FL 34292 US VENICE, FL 34292 US



06292005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3625662** Applied For
Not Applicable
5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

GREEN, DEBORAH H
810-B PINEBROOK ROAD
VENICE, FL 34292

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
Due by September 7, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE **P**
NAME **GREEN, DEBORAH H**
STREET ADDRESS **810B PINEBROOK ROAD**
CITY-ST-ZIP **VENICE, FL 34292**

TITLE **D**
NAME **GREEN, DEBORAH H**
STREET ADDRESS **101 CAPRI ISLES BLVD #4**
CITY-ST-ZIP **VENICE, FL 34292**

TITLE **ST**
NAME **GREEN, L. PERRY**
STREET ADDRESS **810B PINEBROOK ROAD**
CITY-ST-ZIP **VENICE, FL 34292**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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07/01/05-80006-025 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Deborah H Green* **Deborah H Green, President** 6/29/05 941 412 0449
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #