
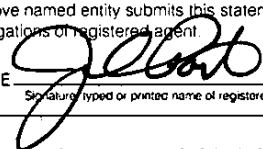
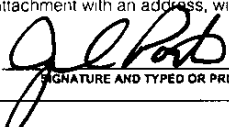


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 14, 2006 8:00 am**  
**Secretary of State**

02-14-2006 90003 033 \*\*\*150.00

DOCUMENT # 811965			
1. Entity Name CAPRI CO-OPERATIVE APARTMENTS INC			
Principal Place of Business 5700 OLD OCEAN BLVD. OCEAN RIDGE, FL 33435 US		Mailing Address JOHN PORTER ACCOUNTING 1403 W BOYNTON BCH BLVD #9 BOYNTON BEACH, FL 33426	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc		<b>John Porter Accounting</b> <b>400 S. Federal Hwy. • Suite 404</b>	
City & State		City & State <b>Boynton Beach, FL 33435</b>	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
JOHN PORTER ACCOUNTING 400 S. FEDERAL HWY SUITE 404 BOYNTON BEACH, FL 33436		Name <b>John Porter Accounting</b> Street Address (P.O. Box Number is Not Acceptable) <b>400 S. Federal Hwy. • Suite 404</b> <b>Boynton Beach, FL 33435</b> City <b>FL</b> Zip Code	
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 		DATE <u>02/06/06</u>	
SIGNATURE typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)		DATE	
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BURNS, KIRK	NAME	
STREET ADDRESS	5700 OLD OCEAN BLVD	STREET ADDRESS	
CITY-ST-ZIP	OCEAN RIDGE, FL 33435	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOUGLAS, MARK	NAME	
STREET ADDRESS	5700 OLD OCEAN BLVD	STREET ADDRESS	
CITY-ST-ZIP	OCEAN RIDGE, FL 33435	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOYNES, RILEY	NAME	
STREET ADDRESS	5700 OLD OCEAN BLVD	STREET ADDRESS	
CITY-ST-ZIP	OCEAN RIDGE, FL 33435	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FLYNN, THOMAS	NAME	
STREET ADDRESS	5700 OLD OCEAN BLVD	STREET ADDRESS	
CITY-ST-ZIP	OCEAN RIDGE, FL 33435	CITY-ST-ZIP	
TITLE	STD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLER, KATRINA	NAME	
STREET ADDRESS	5700 OLD OCEAN BLVD	STREET ADDRESS	
CITY-ST-ZIP	OCEAN RIDGE, FL 33435	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PORTER, JOHN	NAME	
STREET ADDRESS	400 S. FEDERAL HWY SUITE 404	STREET ADDRESS	
CITY-ST-ZIP	BOYNTON BEACH, FL 33435	CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: 		John Porter, Director <u>02/06/06</u> Date Daytime Phone #	

60015268



02062006 Chg-P CR2E034 (11/05)

4. FEI Number 59-1706424 Applied For Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

Name  
**John Porter Accounting**  
 Street Address (P.O. Box Number is Not Acceptable)  
**400 S. Federal Hwy. • Suite 404**  
**Boynton Beach, FL 33435**  
 City **FL** Zip Code

*[Handwritten Signature]*

02/06/06

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

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CITY-ST-ZIP	BOYNTON BEACH, FL 33435	CITY-ST-ZIP	

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SIGNATURE:  John Porter, Director 02/06/06  
 Date Daytime Phone #