

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 28, 2004 08:00 AM
Secretary of State

DOCUMENT # N09760
 1. Entity Name
 CAPRI MOTOR LODGE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business CAPRI MOTOR LODGE CONDO 360 CAPRI BLVD #213 NAPLES, FL 34113	Mailing Address CAPRI MOTOR LODGE CONDO 360 CAPRI BLVD #213 NAPLES, FL 34113
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01232004 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-2833603	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 FORSYTHE, EDWARD
 360 CAPRI BLV.
 108
 NAPLES, FL 34113

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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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by May 1, 2004

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

[Handwritten Signature]

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP STOUT, KEITH PO BOX 156 BALTIMORE, OH 43105
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP FORSYTHE, EDWARD 360 CAPRI BLVD, #108 NAPLES, FL 34113
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOONTNEY, ROBERT C 360 CAPRI BLVD #107 NAPLES, FL 34113
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 01/28/04-80066-020 61.25
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 617, 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: *[Handwritten Signature]* **1/22/04** **239-389-6028**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #