## **2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

## DOCUMENT # N09760



Jan 31, 2008 8:00 am Secretary of State

**FILED** 

Entity Name CAPRI MOTOR LODGE CONDOMINIUM ASSOCIATION, INC.								O)	-31-2008 90019	020 ****61	.25
Principal Place of Business CAPRI MOTOR LODGE CONDO 360 CAPRI BLVD #213 NAPLES, FL 34113			CAPR 360 (	Mailing Address CAPRI MOTOR LODGE CONDO 360 CAPRI BLVD #213 NAPLES, FL 34113				1			
2. Principal Place of Business - No P.O. Box #			3. Maili	3. Mailing Address							
Suite, Apt. #, etc.		Sui	Suite, Apt. #, etc.				01172008 CI	ng-NP CR2	E037 (12/06)		
City & State			City	City & State			4. FEI Number 59-2833603				pplied For
Zip	Country		Zip	Zip		Country		5. Certificate of St	atus Desired	\$8.75 Add	fitional
6. Name and Address of Current Regi				istered Agent			7. Name and Address of New Registered Agent				
A. Henry and Contract of American Cafference Whater						Name					
FORSYTHE, EDWARD 360 CAPRI BLV. 108						M TC HIGHE COATES  Street Address (P.O. Box Number is Not Acceptable)					
NAPLES, FL 34113				<u> </u>			O CAPRI BIW. APT 201				
						NAPLES FL 3 413					
the obligati	ions of regist	HELLE CON	1 CS TF	PRESIDE	NT	M	ich	Wak	Jan a		and accept
	Signature, lyped	or printed name of registered ag	ent and title if appl	icable. (NOTI	E: Registere	d Agent signaturi	re required	when reinstating)	DA	TE	!
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10.	Filing Fe Due by N	e is \$61.25		9. Election Car	npaign F	inancing ion. [		\$5.00 May Be Added to Fees	. Make ch	eck payable to	tate
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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 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:

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

BO MATINE

239-537-1118