


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2008 8:00 am
Secretary of State

01-31-2008 90019 020 ****61.25

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	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 59-2833603		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
FORSYTHE, EDWARD 360 CAPRI BLV. 108 NAPLES, FL 34113		Name MICHELLE COATES Street Address (P.O. Box Number is Not Acceptable) 360 CAPRI BLVD. APT 201 City NAPLES FL Zip Code 34113	
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 MICHELLE COATES, PRESIDENT		DATE Jan 24, 08	
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	DP <input checked="" type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STOUT, KEITH	NAME	MIKIE CASTELLANO
STREET ADDRESS	PO BOX 156	STREET ADDRESS	256 MEADOWLARK CT.
CITY-ST-ZIP	BALTIMORE, OH 43105	CITY-ST-ZIP	MARCO ISLAND FL 34145
TITLE	DVP <input checked="" type="checkbox"/> Delete	TITLE	D. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FORSYTHE, EDWARD	NAME	Leslie Eichman
STREET ADDRESS	360 CAPRI BLVD, #108	STREET ADDRESS	360 Capri Blvd #103
CITY-ST-ZIP	NAPLES, FL 34113	CITY-ST-ZIP	Naples FL 34113
TITLE	D <input type="checkbox"/> Delete	TITLE	P.D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COATS, MICHAEL	NAME	MICHELLE COATES
STREET ADDRESS	360 CAPRI BLVD #201	STREET ADDRESS	360 CAPRI BLVD, APT 201
CITY-ST-ZIP	NAPLES, FL 34113	CITY-ST-ZIP	NAPLES, FLORIDA 34113
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 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: MICHELLE COATES		DATE: 24 JAN 08	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	
		Daytime Phone # 239-537-1118	