

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09760

FILED
Feb 14, 2009
Secretary of State

Entity Name: CAPRI MOTOR LODGE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

CAPRI MOTOR LODGE CONDO
360 CAPRI BLVD #213
NAPLES, FL 34113

New Principal Place of Business:

Current Mailing Address:

CAPRI MOTOR LODGE CONDO
360 CAPRI BLVD #213
NAPLES, FL 34113

New Mailing Address:

FEI Number: 59-2833603 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COATES, MICHELLE
360 CAPRI BLUCL. APT. 210
NAPLES, FL 34113 US

Name and Address of New Registered Agent:

WALSH, MICHELLE
360 CAPRI BLVD.
APT. 201
NAPLES, FL 34113 US

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.

SIGNATURE: MICHELLE WALSH

02/14/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: CASTELLANO, MIKE
Address: 256 MEADOW LARK CT.
City-St-Zip: MARCO ISLAND, FL 34145

Title: D (X) Delete
Name: EICHMAN, LESLIE
Address: 360 EAPRI BLVD. #103
City-St-Zip: NAPLES, FL 34113

Title: PD () Delete
Name: COATS, MICHELLE
Address: 360 CAPRI BLVD. APT 201
City-St-Zip: NAPLES, FL 34113

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: PD (X) Change () Addition
Name: WALSH, MICHELLE
Address: 360 CAPRI BLVD. APT 201
City-St-Zip: NAPLES, FL 34113

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHELLE WALSH

PD

02/14/2009

Electronic Signature of Signing Officer or Director

Date