

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 07, 2005 8:00 am
Secretary of State

03-07-2005 90277 017 ***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
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50022984

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

02232005 Chg-P CR2E034 (10/03)

4. FEI Number 59-1706424		Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent PORTER, JOHN 1403 W BOYNTON BEACH BLVD #9 BOYNTON BEACH, FL 33426		7. Name and Address of New Registered Agent John Porter Accounting 400 S. Federal Hwy. • Suite 404 Boynton Beach, FL 33435

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

02/23/05

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BURNS, KIRK 5700 OLD OCEAN BLVD OCEAN RIDGE, FL 33435 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D John Porter 400 S Fed Hwy SE 404 BB, FL 33435 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD DALELIO, DEBRA 5700 OLD OCEAN BLVD OCEAN RIDGE, FL 33435 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARK DOUGLAS 5700 OLD OCEAN BLVD OCEAN RIDGE, FL 33435 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD DALY, DIANE 5700 OLD OCEAN BLVD OCEAN RIDGE, FL 33435 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RILEY MOYNE 5700 OLD OCEAN BLVD OCEAN RIDGE, FL 33435 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FLYNN, THOMAS 5700 OLD OCEAN BLVD OCEAN RIDGE, FL 33435 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD MILLER, KATRINA 5700 OLD OCEAN BLVD OCEAN RIDGE, FL 33435 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

02/23/05