

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 02, 2007 8:00 am**  
**Secretary of State**

01-23-2007 90040 042 \*\*\*\*61.25

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                             |                                                                                     |                                                                        |                                                                                                                                                                                                   |                                             |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------|-------------------------------------------------------------------------------------|------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------|
| <b>DOCUMENT # N06000008529</b><br>1. Entity Name<br><b>CAPRI INN AT THE BEACH CONDOMINIUM ASSOCIATION, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                             |                                                                                     |                                                                        |                                                                                                                                                                                                   |                                             |
| Principal Place of Business<br><b>5652 MARQUESAS CIRCLE<br/>SARASOTA, FL 34233</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                             |                                                                                     | Mailing Address<br><b>5652 MARQUESAS CIRCLE<br/>SARASOTA, FL 34233</b> |                                                                                                                                                                                                   |                                             |
| 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. EFI Number<br><b>20-8532198</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                             |                                                                                     |                                                                        | Applied For<br><input type="checkbox"/> Not Applicable                                                                                                                                            |                                             |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                             |                                                                                     |                                                                        | <b>\$8.75 Additional Fee Required</b>                                                                                                                                                             |                                             |
| 6. Name and Address of Current Registered Agent<br><br><b>HICKERNELL, WARREN JR<br/>5652 MARQUESAS CIRCLE<br/>SARASOTA, FL 34233</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                             |                                                                                     |                                                                        | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br><b>6583 Midnight Pass Rd</b><br>City <b>Sarasota</b> <b>FL</b> Zip Code <b>34242</b> |                                             |
| 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when renewing)</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                             |                                                                                     |                                                                        |                                                                                                                                                                                                   |                                             |
| <b>Filing Fee is \$61.25<br/>Due by May 1, 2007</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                             | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> |                                                                        | <b>\$5.00 May Be<br/>Added to Fees</b>                                                                                                                                                            |                                             |
| Make check payable to<br><b>Florida Department of State</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                             |                                                                                     |                                                                        |                                                                                                                                                                                                   |                                             |
| <b>10. OFFICERS AND DIRECTORS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                             |                                                                                     | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>           |                                                                                                                                                                                                   |                                             |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | PD<br>HICKERNELL, WARREN JR.<br>5652 MARQUESAS CIRCLE<br>SARASOTA, FL 34233 | <input type="checkbox"/> Delete                                                     |                                                                        | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                  | 6583 Midnight Pass Rd<br>Sarasota, FL 34242 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | VD<br>DESILVA, DENNIS<br>5652 MARQUESAS CIRCLE<br>SARASOTA, FL 34233        | <input type="checkbox"/> Delete                                                     |                                                                        | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                  | 6583 Midnight Pass Rd<br>Sarasota, FL 34242 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | STD<br>REDFOOT, KELLY<br>5652 MARQUESAS CIRCLE<br>SARASOTA, FL 34233        | <input type="checkbox"/> Delete                                                     |                                                                        | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                  | 6583 Midnight Pass Rd<br>Sarasota, FL 34242 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <br><br><br>                                                                | <input type="checkbox"/> Delete                                                     |                                                                        | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                  | <br><br><br>                                |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <br><br><br>                                                                | <input type="checkbox"/> Delete                                                     |                                                                        | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                  | <br><br><br>                                |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <br><br><br>                                                                | <input type="checkbox"/> Delete                                                     |                                                                        | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                  | <br><br><br>                                |
| 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: <i>Warren D Hickernell</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                             |                                                                                     | 1-18-07 941-349-3131                                                   |                                                                                                                                                                                                   |                                             |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                             |                                                                                     | <small>Date Daytime Phone</small>                                      |                                                                                                                                                                                                   |                                             |