2008 NOT-FOR-PROFIT CORPORATION

ANNUAL REPORT

DOCUMENT #708008



Principal Place of Business

1. Entity Name BOCA CAPRI CONDOMINIUM APTS., INC.

778 SOUTH MILITARY TRAIL DEERFIELD BEACH, FL 33442 US

Suite, Apt. #, etc.

2. Principal Place of Business - No P.Q. Box #

Mailing Address PO BOX 97-0069 BOCA RATON, FL 33497-0069 US

3. Mailing Address

Suite, Apt. #, etc.

S	ecreta	ry 0	, o. f S1	tate				
	05-01-2008 9	-						
	ON ANNAL BRANKA NOVEL KEIK	OTOTA STORE ORBITA	 	RIBINITA BE IRBE				
04142008	Chg-NP	CR2E037	(12/06))				
4. FEI Number				Applied For				
70-80081	60	. . 		Not Applicable				
5. Certificate of	Status Desired	d S8.75 Additional Fee Required						
7. Name and Ad	dress of New R	egistered Ag	ent					
O. Box Number i	s Not Acceptable)						
			•					
		FL	Zip Co	xde				
d agent, or both,	in the State of Flo	rida. I am far	niliar wit	h, and accept				
then reinstating)	,	DATE						
\$5.00 May Be Added to Fees		Make check payable to Florida Department of State						
ODITIONS/CHAN	GES TO OFFICE	RS AND DIRE	CTORS	IN 10				
		ſ	Change	Addition				
0]	Change	e Addition				
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City & State	9	City & State		4. FEI Number 70-800816	30	ļ -	Applied For Not Applicable			
Zio====	Country	Zio	Country							
	Country	zip	- Country	5. Certificate of S	tatus Desired [\$8.75 A				
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent						
DECIDENTIAL MANAGEMENT CONCERTS			Name	Name						
	FIAL MANAGEMENT CONCEPT	5	Street Address (P.O. Box Number is Not Acceptable)							
778 SOUTH MILITARY TRAIL DEERFIELD BEACH, FL 33442			011001743	Cress (1 .C. DDX Namber la	Mot Acceptable)					
OCCIN ICC	DENOM, I'E GOTTE									
			Cib.			1 2:- 0-				
			City			FL Zip Co	жe			
8. The above	named entity submits this statement for the	he purpose of changing its re	gistered office or r	registered agent, or both, in	the State of Florida.	I am familiar wit	h, and accept			
	ions of registered agent.		-							
SIGNATURE .										
	Signature, typed or printed name of registered agent and	title if applicable. (NOTE: I	Registered Agent signatur	e required when reinstating)		DATE				
					·					
	Filing Fee is \$61.25	9. Election Camp		\$5.00 May Be	The same of the sa	check payable				
	Due by May 1, 2008	Trust Fund Co	ntribution, L	→ Added to Fees	Florida	Department of	State			
10.	OFFICERS AND DIRE	CTORS	11.	ADDITIONS/CHANG	ES TO OFFICERS A	ND DIRECTORS	IN 10			
TITLE	T .	Delete	TITLE			☐ Change	Addition			
NAME	ARGYROS, AGATHA		NAME							
STREET ADDRESS	2501 S. OCEAN BLVD #208		STREET ADDRESS							
CITY-ST-ZIP	BOCA RATON, FL 33432		CITY-ST-ZIP							
TITLE	P	Delete	TITLE	5		☐ Change	e Addition			
NAME	HILL, VANESSA	4	NAME	S DAVID Rogers 2501 South		to the	-			
STREET ADORESS	2501 S OCEAN BLVD., #107		STREET ADDRESS	2501 South	ocean is	140 - 201	2			
CITY-ST-ZIP	BOCA RATON, FL 33432		CITY-ST-ZIP	Boca Rato	n FL 3'	3432				
TITLE	S	- Delete	TITLE			Change	Addition			
NAME	MCCULLOCH, TERESA	1	NAME							
STREET ADDRESS	2501 S OCEAN BLVD #303		STREET ADDRESS							
CITY-ST-ZIP	BOCA RATON, FL 33432		CITY-ST-ZIP							
TITLE	D	☐ Defete	TITLE	P		(L) Change	Addition			
NAME	VOSS, RICHARD		NAME	•		•				
STREET ADDRESS	2501 SOUTH OCEAN BLVD.		STREET ADDRESS							
CITY-ST-ZIP	BOCA RATON, FL 33432		CITY-ST-ZIP							
TITLE	D	☐ Delete	TITLE	T		(2) Change	e Addition			
NAME	CHUA, JERRY		NAME	•		•				
STREET ADDRESS	2501 SOUTH OCEAN BLVD #206		STREET ADDRESS							
CITY-ST-ZIP	BOCA RATON, FL 33432		CITY-ST-ZIP							
		☐ Delete	TITLE	VP		☐ Change	Addition			
NAME			NAME	LARRY DEMA	reo	1#0.0				
STREET ADDRESS			STREET ADDRESS	2501 South (oczan-Blva	- 407				
City-St-ZIP			CITY-ST-ZIP	LARRY DEMA 2501 South C BOCG RATOR	1.FL 33	432				
12. I hereby	certify that the information supplied with th	nis filing does not qualify for t	the exemptions co	ntained in Chapter 119, Flo	rida Statutes. I furth	er certify that the	information			
indicated of the cor	certify that the information supplied with the lon this report or supplemental report is troporation or the receiver or trustee empower.	rue and accurate and that my rered to execute this report a	rsignature shall ha s required\by Char	ive the same legal effect as oter 617, Florida Statutes;	/rmade under oath; nd that my name api	that I am an offic pears in Block 10	er or director or Block 11 if			

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #