


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2007 8:00 am
Secretary of State

01-26-2007 90031 034 ****61.25

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| DOCUMENT # 750332 | |  |
| 1. Entity Name CAPRI WEST CONDOMINIUM ASSOCIATION, INC. | | |

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| Principal Place of Business 153 CENTER RD VENICE, FL 34285 US | Mailing Address 153 CENTER RD VENICE, FL 34285 US |
|---|---|

60007341



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| 2. Principal Place of Business - No P.O. Box # 181 Center Rd Suite, Apt. #, etc. | 3. Mailing Address 181 Center Rd Suite, Apt. #, etc. |
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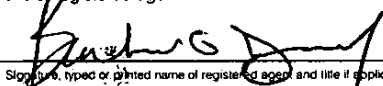
01042007 Chg-NP CR2E037 (12/06)

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|----------------------------|----------------------------|-----------------------------|-------------------------------|
| City & State Venice, FL | City & State Venice, FL | 4. FEI Number 59-2029527 | Applied For Not Applicable |
| Zip 34285 | Country USA | Zip 34285 | Country US |

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

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| 6. Name and Address of Current Registered Agent ARGUS MANAGEMENT OF VENICE, INC. 153 CENTER ROAD VENICE, FL 34285 | |
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| 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 181 Center Rd City Venice FL Zip Code 34285 | |
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| 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  | (NOTE: Registered Agent signature required when reinstating) | DATE |

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| Filing Fee is \$61.25 Due by May 1, 2007 | 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 |
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| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|--|---|---|--|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | VP AYLWARD, KATHLYNE 754 VILLAGE CIRCLE VENICE, FL 34292 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | P MAHONEY, JAMES 163 PROGRESS CIRCLE VENICE, FL 34292 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D GILBERT, ED 766 VILLAGE CIR #124 VENICE, FL 34292 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | ST WHEELER, JAMES P.O. BOX 35 SALEM, IL 62881 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |

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.

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| SIGNATURE:  | DATE | Daytime Phone # |
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