

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 90739 024 ****61.25

DOCUMENT # 750332

1. Entity Name
CAPRI WEST CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
**1747 S TAMiami TRAIL
#223
VENICE FL 34293**

Mailing Address
~~1747 S TAMiami TRAIL
#223
VENICE FL 34293~~



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

PO Box 1078

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Venice FL

4. FEI Number **59-2029527**

Applied For
Not Applicable

Zip

Country

Zip
34284

Country **USA**

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CALDWELL, ANNETTE K.
1747 S TAMiami TRAIL
#223
VENICE FL 34293**

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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 _____

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	FERRIS, ELWIN	
STREET ADDRESS	762 VILLAGE CIR #116	
CITY-ST-ZIP	VENICE FL 34292	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	SANTONASTASIO, TONY	
STREET ADDRESS	770 VILLAGE CIR #234	
CITY-ST-ZIP	VENICE FL 34292	
TITLE	D	<input type="checkbox"/> Delete
NAME	FERRIS, THEODORE	
STREET ADDRESS	762 VILLAGE CIRCLE	
CITY-ST-ZIP	VENICE FL 34292	
TITLE	D	<input type="checkbox"/> Delete
NAME	GRECO, MAVRO	
STREET ADDRESS	764 VILLAGE CIRCLE #219	
CITY-ST-ZIP	VENICE FL 34292	
TITLE	DST	<input checked="" type="checkbox"/> Delete
NAME	HOLLAND, THEODORE	
STREET ADDRESS	760 VILLAGE CIR #210	
CITY-ST-ZIP	VENICE FL 34292	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	P/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Ron Mealey	
STREET ADDRESS	762 Village Cir # 213	
CITY-ST-ZIP	Venice FL 34292	
TITLE	S/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Cathy Migliore	
STREET ADDRESS	764 Village Cir # 219	
CITY-ST-ZIP	Venice FL 34292	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Ed Gilbert	
STREET ADDRESS	766 Village Cir # 124	
CITY-ST-ZIP	Venice, FL 34292	
TITLE	V/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

(Handwritten Signature)

CP2E037 (10/02)