

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Latham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY -1 AM 8:31

DOCUMENT # 752704 (7)

1. Corporation Name
**CAPRI WEST CONDOMINIUM ASSOCIATION OF FORT LAUDE
RDAL, INC.**

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
2701 E. SUNRISE BLVD. 2701 E. SUNRISE BLVD.
301 # 301
FT. LAUDERDALE FL 33304 FT. LAUDERDALE FL 33304

3. Date Incorporated or Qualified 06/02/1980	3a. Date of Last Report 04/20/1994
4. FEI Number 65-0055309	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 1231 S.E. 1ST STR.	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State FT. LAUDERDALE, FL	28 City & State
24 Zip 33304	25 Country U.S.A.
29 Zip	30 Country

9. Name and Address of Current Registered Agent
CABOT BUSINESS SERVICES, INC.
2701 E. SUNRISE BLVD.
SUITE 301
FT. LAUDERDALE FL 33304

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	APREA, LISA
STREET ADDRESS	1231 SE 1ST ST., #8
CITY-ST-ZIP	FT. LAUDERDALE FL
TITLE	VD
NAME	ROBBINS, CARLIN
STREET ADDRESS	1231 SE 1ST ST., #5
CITY-ST-ZIP	FT. LAUDERDALE FL
TITLE	SD
NAME	WEISSBACH, CONNIE
STREET ADDRESS	1231 SE 1ST ST., #2
CITY-ST-ZIP	FT. LAUDERDALE FL
TITLE	TD
NAME	CASEY, L J
STREET ADDRESS	1231 SE 1ST ST., #4
CITY-ST-ZIP	FT. LAUDERDALE FL
TITLE	D
NAME	DENICHILO, CAROL
STREET ADDRESS	1231 SE 1ST ST., #3
CITY-ST-ZIP	FT. LAUDERDALE FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	D ROUMEGOUX, MICHELE
53 STREET ADDRESS	1231 S.E. 1ST ST., #11V 1
54 CITY-ST-ZIP	FT. LAUDERDALE, FL 33301
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or in an attachment with an address.

SIGNATURE: Lisa Aprea, Pres. 5-22-95 561-8565
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Telephone Number)