

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 752704
1. Corporation Name

CAPRI WEST CONDOMINIUM ASSOCIATION OF FORT LAUDERDALE, INC.

Principal Place of Business	Mailing Address
1231 SE 1st Street Fort Lauderdale, FL 33301 USA	P.O. Box 7503 Fort Lauderdale, FL 33338 USA

3. Date Incorporated or Qualified 06/02/1980	3a. Date of Last Report 05/01/95
--	--

2. Principal Place of Business	2a. Mailing Address	4. FEI Number 65-0055309	Applied For Not Applicable
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
22. City & State	27. City & State	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
23. Zip	28. Country	29. Zip	30. Country
24. Zip	25. Country	29. Zip	30. Country

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
CABOT BUSINESS SERVICES, INC. 2701 E. SUNRISE BLVD. SUITE 304 FORT LAUDERDALE, FL 33304		81. Name	
		82. Street Address (P.O. Box Number is Not Acceptable)	
		83.	
		84. City	FL
		85. Zip Code	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office 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 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	APREA, LISA	1.2 NAME	
STREET ADDRESS	1231 SE 1st St., #8	1.3 STREET ADDRESS	
CITY-ST-ZIP	Ft. Lauderdale, FL 33301	1.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Robbins, Carlin	2.2 NAME	
STREET ADDRESS	1231 1st St., #5	2.3 STREET ADDRESS	
CITY-ST-ZIP	Ft. Lauderdale, FL 33301	2.4 CITY-ST-ZIP	
TITLE	SD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEISSBACH, CONNIE	3.2 NAME	MERTON, SUZANNE
STREET ADDRESS	1231 SE 1ST St., #2	3.3 STREET ADDRESS	1231 SE 1st ST., #9
CITY-ST-ZIP	Ft. Lauderdale, FL 33301	3.4 CITY-ST-ZIP	FT. LAUDERDALE, FL 33301
TITLE	TD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CASEY, L J	4.2 NAME	
STREET ADDRESS	1231 1ST ST., #4	4.3 STREET ADDRESS	
CITY-ST-ZIP	Ft. Lauderdale, FL 33301	4.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROUMEGOUX, MICHELE	5.2 NAME	PRESCILLE, JAMES
STREET ADDRESS	1231 SE 1st ST., #11	5.3 STREET ADDRESS	1231 SE 1st ST., #7
CITY-ST-ZIP	FT. LAUDERDALE, FL 33301	5.4 CITY-ST-ZIP	FT. LAUDERDALE, FL 33301
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	4000018509 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	-06/04/96--01162--038
STREET ADDRESS		6.3 STREET ADDRESS	***61.25
CITY-ST-ZIP		6.4 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 119.07(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Lisa Aprea Lisa Aprea 04/23/96 (954) 561-8565
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)