


FILE NOW: FILING FEE IS \$61.25

FILED
May 14 1997 8:00am
Secretary of State

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| NONPROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|---|---|---|

DOCUMENT # 752704 (7)

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

| | |
|--|--|
| Principal Place of Business 1231 SE 1ST STREET FT. LAUDERDALE FL 33301 | Mailing Address PO BOX 7503 FT LADUERDALE FL 33338-7503 US |
|--|--|



| | |
|--|----------------------------|
| 21 2. Principal Place of Business | 2a. Mailing Address |
| Suite, Apt. #, etc. | Suite, Apt #, etc. |
| 22 City & State | 27 City & State |
| Zip | Country |
| 23 Zip | 28 Country |
| 24 Zip | 29 Country |
| 25 Country | 30 Country |

| | |
|---|---|
| 3. Date Incorporated or Qualified 06/02/1980 | 3a. Date of Last Report 05/01/1996 |
| 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 |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No | |

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 |

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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

| | | |
|----------------|-------------------------|--|
| TITLE | PD | <input checked="" type="checkbox"/> DELETE |
| NAME | APREA, LISA | |
| STREET ADDRESS | 1231 SE 1ST ST., #8 | |
| CITY-ST-ZIP | FT. LAUDERDALE FL 33301 | |
| TITLE | VD | <input type="checkbox"/> DELETE |
| NAME | ROBBINS, CARLIN | |
| STREET ADDRESS | 1231 SE 1ST ST., #5 | |
| CITY-ST-ZIP | FT. LAUDERDALE FL 33301 | |
| TITLE | SD | <input type="checkbox"/> DELETE |
| NAME | MERTON, SUZANNE | |
| STREET ADDRESS | 1231 SE 1ST ST., #9 | |
| CITY-ST-ZIP | FT. LAUDERDALE FL 33301 | |
| TITLE | TD | <input type="checkbox"/> DELETE |
| NAME | CASEY, L J | |
| STREET ADDRESS | 1231 SE 1ST ST., #4 | |
| CITY-ST-ZIP | FT. LAUDERDALE FL 33301 | |
| TITLE | D | <input checked="" type="checkbox"/> DELETE |
| NAME | PRESCILLE, JAMES | |
| STREET ADDRESS | 1231 SE 1ST ST., #7 | |
| CITY-ST-ZIP | FT. LAUDERDALE FL 33301 | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|--------------------------|---------------------------|--|
| 11 TITLE | VP/D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 12 NAME | SVOBODA, RON | |
| 13 STREET ADDRESS | 1231 S.E. 1st St., #8 | |
| 14 CITY-ST-ZIP | Fort Lauderdale, FL 33301 | |
| 21 TITLE | P/D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 22 NAME | | |
| 23 STREET ADDRESS | | |
| 24 CITY-ST-ZIP | | |
| 31 TITLE | AS/D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 32 NAME | PARKER, SUZANNE | |
| 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 | S | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 52 NAME | WISEMAN, NEIL | |
| 53 STREET ADDRESS | 1231 S.E. 1st St., #12 | |
| 54 CITY-ST-ZIP | Fort Lauderdale, FL 33301 | |
| 61 TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 62 NAME | GUYDISH, JANE | |
| 63 STREET ADDRESS | 1231 S.E. 1st St., #2 | |
| 64 CITY-ST-ZIP | Fort Lauderdale, FL 33301 | |

14. I do 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 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 _____ DATE _____

CR2E037 (9/96)