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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katharine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 752704

1. Corporation Name

CAPRI WEST CONDOMINIUM ASSOCIATION OF FORT LAUDE
RDALE, INC.



488197-90049-10

Principal Place of Business
1231 SE 1ST STREET
FT. LAUDERDALE FL 33301

Mailing Address
PO BOX 7503
FT LADUERDALE FL 33338
US



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified
06/02/1980

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number
65-0055309

Applied For
Not Applicable

23 City & State

27 City & State

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

24 Zip 25 Country

28 Zip 29 Country

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

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 301~~
FT. LAUDERDALE FL-33304

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

2727 E. Oakland Park Blvd., #306

83

84 City

FL

85 Zip Code
33306

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE VPD DELETE
NAME SANCHEZ, LIONEL
STREET ADDRESS 1231 SE 1ST ST, #14
CITY-ST-ZIP FT LAUDERDALE FL 33301

1.1 TITLE TD Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE PD DELETE
NAME ROBBINS, CARLIN
STREET ADDRESS 1231 SE 1ST ST., #5
CITY-ST-ZIP FT. LAUDERDALE FL

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE D DELETE
NAME PARKER, SUZANNE
STREET ADDRESS 1231 SE 1ST ST., #9
CITY-ST-ZIP FT. LAUDERDALE FL

3.1 TITLE VPD Change Addition
3.2 NAME Andrew Somar
3.3 STREET ADDRESS 406 N. 46th Avenue
3.4 CITY-ST-ZIP Hollywood Hills, FL 33021

TITLE TD DELETE
NAME GUYDISH, JANE
STREET ADDRESS 1231 SE 1ST ST, #2
CITY-ST-ZIP FT. LAUDERDALE FL 33301

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE S DELETE
NAME WISEMAN, NEILL
STREET ADDRESS 1231 SE 1ST ST., #12
CITY-ST-ZIP FT. LAUDERDALE FL

5.1 TITLE D Change Addition
5.2 NAME Jim Pescrille
5.3 STREET ADDRESS 1213 N. E. 2nd St.
5.4 CITY-ST-ZIP Ft. Lauderdale, FL 33301

TITLE D DELETE
NAME GUYDISH, JANE
STREET ADDRESS 1231 SE 1ST ST., #2
CITY-ST-ZIP FT LAUDERDALE FL

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 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, with all other like empowered.

SIGNATURE:

Carlin Robbins
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-22-99

954-561-8565

Date

Daytime Phone #

CR2E037 (1/98)