

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2000 8:00 am
Secretary of State

05-02-2000 90086 031 ****61.25

DOCUMENT # 752704

1. Entity Name

CAPRI WEST CONDOMINIUM ASSOCIATION OF FORT LAUDE

Principal Place of Business

Mailing Address

1231 SE 1ST STREET
 FT. LAUDERDALE FL 33301

PO BOX 7503
 FT LADUERDALE FL 33338-7503
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0055309

Applied For

Not Applicable

Zip

Country

Zip

Country

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

CABOT BUSINESS SERVICES, INC.
2727 E. OAKLAND PARK BLVD.
#306
FT. LAUDERDALE FL 33306

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.

SIGNATURE

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

(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
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE Change Addition
 NAME **PD Svoboda, Ronald**
 STREET ADDRESS **1231 S. E. 1st St., #8**
 CITY-ST-ZIP **Ft. Lauderdale, FL 33301**

TITLE Delete
 NAME **VPD SOMAR, ANDREW**
 STREET ADDRESS **406 N. 46TH AVENUE**
 CITY-ST-ZIP **HOLLYWOOD HILLS FL 33021**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE Change 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: NEAL WISEMAN SECRETARY
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/2000 84832-9159
 Date Daytime Phone #



DO NOT WRITE IN THIS SPACE