

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 04, 2001 8:00 am**  
**Secretary of State**

05-04-2001 90138 050 \*\*\*\*61.25

**DOCUMENT # 752704**

1. Entity Name

**CAPRI WEST CONDOMINIUM ASSOCIATION OF FORT LAUDE**

Principal Place of Business

1231 SE 1ST STREET  
 FT. LAUDERDALE FL 33301

Mailing Address

PO BOX 7503  
 FT LAUDERDALE FL 33338  
 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

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required



DO NOT WRITE IN THIS SPACE

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 NAME STREET ADDRESS CITY-ST-ZIP	VPD SANCHEZ, LIONEL 1231 SE 1ST ST, #14 FT LAUDERDALE FL 33301	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SVOBODA, RONALD 1231 SE 1ST STREET # 8 FORT LAUDERDALE FL 33301	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD SOMAR, ANDREW 406 N. 46TH AVENUE HOLLYWOOD HILLS FL 33021	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WISEMAN, NEILL 1231 SE 1ST ST., #12 FT. LAUDERDALE FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JOHNSON, CHERYL 1231 S.E. 1ST ST., #6 FT. LAUDERDALE, FL 33301	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD WORTMAN, LISA 1231 S.E. 1ST ST. #2 FT. LAUDERDALE, FL 33301	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WISE, VALARIE 1231 S.E. 1ST ST., #7 FT. LAUDERDALE, FL 33301	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:** *Shon...* **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/01

Date

954-561-8565

Daytime Phone #

CR2E037 (10/00)