

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 18, 2005 8:00 am
Secretary of State

03-18-2005 90051 007 ****61.25

DOCUMENT # 752704

1. Entity Name
CAPRI WEST CONDOMINIUM ASSOCIATION OF FORT LAUDERDALE, INC.



Principal Place of Business Mailing Address

**1231 SE 1ST STREET
 FT. LAUDERDALE FL 33301** **PO BOX 460909
 FORT LAUDERDALE FL 33346
 US**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number Applied For

65-0055309 Not Applicable

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



1st MOORE CR2E037 (10/04)

6. Name and Address of Current Registered Agent

**MERIDIAN REALTY MGMT
 2170 SE 17TH ST., STE. 207
 FORT LAUDERDALE FL 33316**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW: FEE IS \$61.25
 Due By May 1, 2005**

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD SANCHEZ, LIONEL 1231 SE 1ST ST, #14 FT LAUDERDALE FL 33301	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD JOHNSON, CHERYL 1231 S.E. 1ST ST #6 FORT LAUDERDALE FL 33301	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GRANT, GREGORY 1231 SE 1ST ST FORT LAUDERDALE FL 33301	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WORTMAN, LISA 1231 S.E. 1ST ST #2 FORT LAUDERDALE FL 33301	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ERICKSON, BILL 1231 SE 1ST ST. FORT LAUDERDALE FL 33301	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/D JANICE AGARD 1231 SE 12TH ST FT. LAUD., FL 33301	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<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)(f), 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: 

3/15/05 (754) 246-8712