


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 03, 2006 8:00 am
Secretary of State

08-03-2006 90001 045 ****61.25

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| DOCUMENT # 752704 1. Entity Name CAPRI WEST CONDOMINIUM ASSOCIATION OF FORT LAUDERDALE, INC. |  |
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| Principal Place of Business 1231 SE 1ST STREET FT. LAUDERDALE, FL 33301 | Mailing Address PO BOX 460909 FORT LAUDERDALE, FL 33346 US |
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50023956



06302006 No Chg-NP CR2E037 (4/06)

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| 4. FEI Number 65-0055309 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

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

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25
Due by September 6, 2006.

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

10. OFFICERS AND DIRECTORS

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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPD AGARD, JANICE 1231 SE 12TH ST FT LAUDERDALE, FL 33301 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD JOHNSON, CHERYL 1231 S.E. 1ST ST #6 FORT LAUDERDALE, FL 33301 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD GRANT, GREGORY 1231 SE 1ST ST. FORT LAUDERDALE, FL 33301 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD WORTMAN, LISA 1231 S.E. 1ST ST #2 FORT LAUDERDALE, FL 33301 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D ERICKSON, BILL 1231 SE 1ST ST. FORT LAUDERDALE, FL 33301 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *Cheryl Johnson* Cheryl Johnson 8/1/06 (754) 246-8718
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #