

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

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

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

DOCUMENT # 752704

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



Principal Place of Business

**1231 SE 1ST STREET
FT. LAUDERDALE, FL 33301**

Mailing Address

**PO BOX 460909
FORT LAUDERDALE, FL 33346 US**

50023956



06302006 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0055309

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$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**

**DO NOT WRITE
IN THIS SPACE**

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

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

(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

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

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IN THIS SPACE**

**SIGN
HERE**

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

Date

Daytime Phone #