
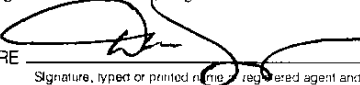


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 02, 2007 8:00 am
Secretary of State

04-02-2007 90093 026 ****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	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address ONE FINANCIAL PLAZA	
Suite, Apt. #, etc.		Suite, Apt. #, etc. SUITE 2001	
City & State		City & State FT. LAUD., FL	
Zip	Country	Zip	Country
		33394	USA
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	
1st MOORE		CR2E037 (10/06)	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
MERIDIAN REALTY MGMT. 2170 SE 17TH ST., STE. 207 FORT LAUDERDALE FL 33316		Name DAVID BURGESS	
		Street Address (P.O. Box Number is Not Acceptable) ONE FINANCIAL PLAZA	
		SUITE 2001	
		City	State
		FT. LAUDERDALE	FL 33394
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 		DAVID BURGESS	
Signature, typed or printed name of registered agent and title if applicable		(NOTE: Registered Agent signature required when reinstating)	
		DATE 2/8/07	
FILE NOW: FEE IS \$61.25 Due By May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make Check Payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	VPD AGARD, JANICE <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AGARD, JANICE	NAME	
STREET ADDRESS	1231 SE 12TH ST	STREET ADDRESS	
CITY-STATE-ZIP	FT LAUDERDALE FL 33301	CITY-STATE-ZIP	
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSON, CHERYL	NAME	
STREET ADDRESS	1231 S.E. 1ST ST #6	STREET ADDRESS	
CITY-STATE-ZIP	FORT LAUDERDALE FL 33301	CITY-STATE-ZIP	
TITLE	TD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRANT, GREGORY	NAME	
STREET ADDRESS	1231 SE 1ST ST.	STREET ADDRESS	
CITY-STATE-ZIP	FORT LAUDERDALE FL 33301	CITY-STATE-ZIP	
TITLE	SD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WORTMAN, LISA	NAME	
STREET ADDRESS	1231 S.E. 1ST ST #2	STREET ADDRESS	
CITY-STATE-ZIP	FORT LAUDERDALE FL 33301	CITY-STATE-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ERICKSON, BILL	NAME	
STREET ADDRESS	1231 SE 1ST ST.	STREET ADDRESS	
CITY-STATE-ZIP	FORT LAUDERDALE FL 33301	CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-STATE-ZIP		CITY-STATE-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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** **3/22/07**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR