
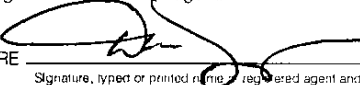
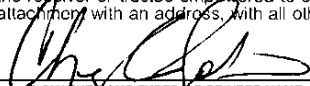


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

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 # Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address ONE FINANCIAL PLAZA SUITE 2001 FT. LAUD., FL 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	
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 DAVID BURGESS Street Address (P.O. Box Number is Not Acceptable) ONE FINANCIAL PLAZA SUITE 2001 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 DATE 2/8/07 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>			
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	<input type="checkbox"/> Delete	
NAME	AGARD, JANICE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	1231 SE 12TH ST		
CITY-ST-ZIP	FT LAUDERDALE FL 33301		
TITLE	PD	<input type="checkbox"/> Delete	
NAME	JOHNSON, CHERYL		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	1231 S.E. 1ST ST #6		
CITY-ST-ZIP	FORT LAUDERDALE FL 33301		
TITLE	TD	<input type="checkbox"/> Delete	
NAME	GRANT, GREGORY		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	1231 SE 1ST ST.		
CITY-ST-ZIP	FORT LAUDERDALE FL 33301		
TITLE	SD	<input type="checkbox"/> Delete	
NAME	WORTMAN, LISA		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	1231 S.E. 1ST ST #2		
CITY-ST-ZIP	FORT LAUDERDALE FL 33301		
TITLE	D	<input type="checkbox"/> Delete	
NAME	ERICKSON, BILL		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	1231 SE 1ST ST.		
CITY-ST-ZIP	FORT LAUDERDALE FL 33301		
TITLE		<input type="checkbox"/> Delete	
NAME			<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			
CITY-ST-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		Date 3/22/07	