


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 04, 2008 8:00 am**  
**Secretary of State**

02-04-2008 90032 017 \*\*\*\*61.25

<b>DOCUMENT # 752704</b>					
<b>1. Entity Name</b> CAPRI WEST CONDOMINIUM ASSOCIATION OF FORT LAUDERDALE, INC.					
<b>Principal Place of Business</b> 1231 SE 1ST STREET FT. LAUDERDALE, FL 33301			<b>Mailing Address</b> ONE FINANCIAL PLAZA SUITE 2001 FORT LAUDERDALE, FL 33394 US		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		<b>4. FEI Number</b> 65-0055309	
Zip		Country		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>				<b>7. Name and Address of New Registered Agent</b>	
BURGESS, DAVID ONE FINANCIAL PLAZA SUITE 2001 FORT LAUDERDALE, FL 33394				Name Street Address (P.O. Box Number is Not Acceptable) City	
<b>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.</b>				FL Zip Code	
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	VPD AGARD, JANICE 1231 SE 12TH ST FT LAUDERDALE, FL 33301	<input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
PD JOHNSON, CHERYL 1231 S.E. 1ST ST #6 FORT LAUDERDALE, FL 33301	<input type="checkbox"/> Delete		T/D IVY TAGLIARINI 1231 SE 1ST ST. FT. LAUD., FL 33301	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TD GRANT, GREGORY 1231 SE 1ST ST. FORT LAUDERDALE, FL 33301	<input checked="" type="checkbox"/> Delete		S/D DOROTHY DESAULNIER 1231 S.E. 1ST ST. FT. LAUD., FL 33301	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
SD WORTMAN, LISA 1231 S.E. 1ST ST #2 FORT LAUDERDALE, FL 33301	<input checked="" type="checkbox"/> Delete		D ERICKSON, BILL 1231 SE 1ST ST. FORT LAUDERDALE, FL 33301	<input checked="" type="checkbox"/> Delete	
D ERICKSON, BILL 1231 SE 1ST ST. FORT LAUDERDALE, FL 33301	<input checked="" type="checkbox"/> Delete		_____ _____ _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
_____ _____ _____	<input type="checkbox"/> Delete		_____ _____ _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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.</b>					
<b>SIGNATURE:</b> <i>Cheryl Johnson</i> <b>Cheryl Johnson Assoc. Pres. 2/1/08 (954) 776-3215</b>					