
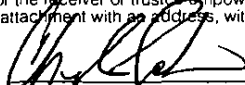


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

02-04-2008 90032 017 ****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 ONE FINANCIAL PLAZA SUITE 2001 FORT LAUDERDALE, FL 33394 US			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		01222008 Chg-NP CR2E037 (12/06)	
Zip		Country		4. FEI Number 65-0055309	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
BURGESS, DAVID ONE FINANCIAL PLAZA SUITE 2001 FORT LAUDERDALE, FL 33394			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL		Zip Code
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 May 1, 2008		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	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AGARD, JANICE		NAME		
STREET ADDRESS	1231 SE 12TH ST		STREET ADDRESS		
CITY-ST-ZIP	FT LAUDERDALE, FL 33301		CITY-ST-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-ST-ZIP	FORT LAUDERDALE, FL 33301		CITY-ST-ZIP		
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE	T/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GRANT, GREGORY		NAME	IVY TAGLIARINI	
STREET ADDRESS	1231 SE 1ST ST.		STREET ADDRESS	1231 SE 1ST ST.	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33301		CITY-ST-ZIP	FT. LAUD., FL 33301	
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	S/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WORTMAN, LISA		NAME	DOROTHY DESAULNIER	
STREET ADDRESS	1231 S.E. 1ST ST #2		STREET ADDRESS	1231 S.E. 1ST ST.	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33301		CITY-ST-ZIP	FT. LAUD., FL 33301	
TITLE	D	<input checked="" 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-ST-ZIP	FORT LAUDERDALE, FL 33301		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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 Assoc. Pres.		2/1/08 (95A) 776-3215	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	