


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2005 8:00 am
Secretary of State

04-28-2005 90225 022 ****61.25

DOCUMENT # 753815 1. Entity Name TIDES OF CAPRI WEST CONDOMINIUM ASSOCIATION, INC					
Principal Place of Business 11650 CAPRI CIRCLE SOUTH TREASURE ISLAND, FL 33706 US			Mailing Address 11650 CAPRI CIRCLE SOUTH TREASURE ISLAND, FL 33706 US		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 59-2036170	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent TORRE PHILLIP J 11650 CAPRI CIR SO SUITE 103 TREASURE ISLAND, FL 33706				7. Name and Address of New Registered Agent Name SUE LAMONT Street Address (P.O. Box Number is Not Acceptable) LAMONT MGMT. 250 104th AVENUE City TREASURE ISLAND FL Zip Code 33706	
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 <u><i>Sue Lamont</i></u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE <u>04/14/05</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
Filing Fee is \$61.25 Due by May 1, 2005		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 NAME STREET ADDRESS CITY-ST-ZIP	VD HAPANOWICZ, RON 11650 CAPRI CIR. S. # 105 TREASURE ISLAND, FL 33706	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HAPANOWICZ RON 11650 CAPRI CIRCLE S. #105 TREASURE ISLAND FL 33706	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COLLINS, NILA 11650 CAPRI CIR SO SUITE 204 TREASURE ISLAND, FL 33706	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BONNER DAVID 18750 MILBURN RD. WADSWORTH IL 60083	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TORRE, PHILLIP J 11650 CAPRI CIR SO SUITE 103 TREASURE ISLAND, FL 33706	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD BUGANSKI MARY ANN 11650 CAPRI CIRCLE S #202 TREASURE ISLAND FL 33706	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <u><i>Ronald W. Hapanowicz, Pres.</i></u> Date <u>4-26-05</u> Daytime Phone #					

14006879



02222005 Chg-NP CR2E037 (10/03)

4. FEI Number
59-2036170

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

Filing Fee is \$61.25
Due by May 1, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

VD
HAPANOWICZ, RON
11650 CAPRI CIR. S. # 105
TREASURE ISLAND, FL 33706

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
COLLINS, NILA
11650 CAPRI CIR SO SUITE 204
TREASURE ISLAND, FL 33706

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

PD
TORRE, PHILLIP J
11650 CAPRI CIR SO SUITE 103
TREASURE ISLAND, FL 33706

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

PD
HAPANOWICZ RON
11650 CAPRI CIRCLE S. #105
TREASURE ISLAND FL 33706

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

VD
BONNER DAVID
18750 MILBURN RD.
WADSWORTH IL 60083

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

STD
BUGANSKI MARY ANN
11650 CAPRI CIRCLE S #202
TREASURE ISLAND FL 33706

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #