

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 756292

FILED
Apr 05, 2011
Secretary of State

Entity Name: CAPRI MOTEL CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

55 SOMERSET STREET
UNIT #3
CLEARWATER, FL 33767

New Principal Place of Business:

Current Mailing Address:

55 SOMERSET STREET
UNIT #3
CLEARWATER, FL 33767

New Mailing Address:

FEI Number: 59-2167154

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DEBELLIS, BARBARA
55 SOMERSET STREET
UNIT #3
CLEARWATER, FL 33767 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PTD
Name: DEBELLIS, BARBARA
Address: 55 SOMERSET ST, UNIT 3
City-St-Zip: CLEARWATER, FL 33767

Title: VD
Name: HESSELSCHWERDT, BEN
Address: 10743 COLLAR DRIVE
City-St-Zip: SAN ANTONIO, FL 33576

Title: VD
Name: HESSELSCHWERDT, BEN JR
Address: 55 SOMERSET STREET, UNIT #5
City-St-Zip: CLEARWATER, FL 33767

Title: SD
Name: PALMA, GEORGE
Address: 1200 WYNCHGATE STREET
City-St-Zip: OAKVILLE, ONTARIO L6L214, OC

Title: SD
Name: PALMA, LUCY
Address: 1200 WYNCHGATE STREET
City-St-Zip: OAKVILLE, ONTARIO L6L214, OC

Title: SD
Name: BOUNER, SUSAN
Address: 112 SOUTH LAUHER WAY
City-St-Zip: TAMPA, FL 33609

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: BARBARA DEBELLIS

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04/05/2011

Electronic Signature of Signing Officer or Director

Date