

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 05, 2007 8:00 am**  
**Secretary of State**

03-05-2007 90053 001 \*\*\*\*61.25

**DOCUMENT # 769194**

1. Entity Name  
**LAKES OF CAPRI CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business  
% CPM1  
810 B PINEBROOK ROAD  
VENICE, FL 34292

Mailing Address  
% CPM1  
810 B PINEBROOK ROAD  
VENICE, FL 34292

**40029300**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01042007 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number  
**59-2425235**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**CAPRI PROPERTY MANAGEMENT INC**  
**810-B PINEBROOK RD.**  
**VENICE, FL 34285**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25**  
**Due by May 1, 2007**

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**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE **PD** ☐ Delete  
NAME **SIMONSON, BOB**  
STREET ADDRESS **1100 CAPRI ISLES BLVD #524**  
CITY-ST-ZIP **VENICE, FL 34292**

TITLE **200 VPD** ☐ Change ☒ Addition  
NAME **Jim Cole, Jim**  
STREET ADDRESS **1100 Capri Isles Blvd #325**  
CITY-ST-ZIP **VENICE, FL 34292**

TITLE **TD** ☐ Delete  
NAME **YARD, CHET**  
STREET ADDRESS **1100 CAPRI ISLES BLVD, # 412**  
CITY-ST-ZIP **VENICE, FL 34292**

TITLE **VPD** ☒ Change ☐ Addition  
NAME **Simonson, Bob**  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **2VPD** ☐ Delete  
NAME **KILLAM, JACK**  
STREET ADDRESS **1100 CAPRI ISLES BLVD, # 522**  
CITY-ST-ZIP **VENICE, FL 34292**

TITLE **PD** ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **SD** ☐ Delete  
NAME **CONTI, AILEEN**  
STREET ADDRESS **1100 CAPRI ISLES BLVD #225**  
CITY-ST-ZIP **VENICE, FL 34292**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **AS** ☐ Delete  
NAME **GREEN, DEBBIE**  
STREET ADDRESS **810 B PINEBROOK RD.**  
CITY-ST-ZIP **VENICE, FL 34285**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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:**

*Debbie Green Asst Sec.*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2-24-07**

Date

**941 412 0449**

Daytime Phone #