


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2008 8:00 am
Secretary of State

04-18-2008 90029 006 ****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		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2425235	
Zip		Country		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	
CAPRI PROPERTY MANAGEMENT INC				Name	
810-B PINEBROOK RD.				Street Address (P.O. Box Number is Not Acceptable)	
VENICE, FL 34285				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
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	SIMONSON, BOB		NAME		
STREET ADDRESS	1100 CAPRI ISLES BLVD #524		STREET ADDRESS		
CITY-ST-ZIP	VENICE, FL 34292		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	YARD, CHET		NAME		
STREET ADDRESS	1100 CAPRI ISLES BLVD, # 412		STREET ADDRESS		
CITY-ST-ZIP	VENICE, FL 34292		CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KILLAM, JACK		NAME		
STREET ADDRESS	1100 CAPRI ISLES BLVD, # 522		STREET ADDRESS		
CITY-ST-ZIP	VENICE, FL 34292		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CONTI, AILEEN		NAME		
STREET ADDRESS	1100 CAPRI ISLES BLVD #225		STREET ADDRESS		
CITY-ST-ZIP	VENICE, FL 34292		CITY-ST-ZIP		
TITLE	AS	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GREEN, DEBBIE		NAME		
STREET ADDRESS	810 B PINEBROOK RD.		STREET ADDRESS		
CITY-ST-ZIP	VENICE, FL 34285		CITY-ST-ZIP		
TITLE	2VPD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	COLE, JIM		NAME		
STREET ADDRESS	1100 CAPRI ISLES BLVD. #325		STREET ADDRESS		
CITY-ST-ZIP	VENICE, FL 34292		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: <u>Chet Yard Jr</u> <u>Treasurer</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<u>4-15-08</u> <small>Date</small>		<u>9414120449</u> <small>Daytime Phone #</small>