

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 770434

1. Entity Name

THE CAPRI OF SINGER ISLAND CONDOMINIUM ASSOCIATI

FILED
May 03, 2000 8:00 am
Secretary of State

05-03-2000 90077 019 ****61.25



DO NOT WRITE IN THIS SPACE

Principal Place of Business 5250 NORTH OCEAN DRIVE SINGER ISLAND FL 33404	Mailing Address 5250 NORTH OCEAN DRIVE SINGER ISLAND FL 33404-2657
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number 59-2462989	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LUTZ, PEGGY E
 5250 NORTH OCEAN DRIVE
 SINGER ISLAND FL 33404

7. Name and Address of New Registered Agent

Name **KENNETH KUCHER**
 Street Address (P.O. Box Number is Not Acceptable)
5250 NORTH OCEAN DRIVE
 City **SINGER Island** FL Zip Code **33404**

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.

SIGNATURE DATE **4-21-00**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS	
TITLE P	<input checked="" type="checkbox"/> Delete
NAME SALOUR, NADER	
STREET ADDRESS 5250 NORTH OCEAN DRIVE	
CITY-ST-ZIP SINGER ISLAND FL 33404	
TITLE ST	<input checked="" type="checkbox"/> Delete
NAME DERING, PHILIP T	
STREET ADDRESS 5250 NORTH OCEAN DRIVE	
CITY-ST-ZIP SINGER ISLAND FL 33404	
TITLE D	<input type="checkbox"/> Delete
NAME BORTOLUSSI, MARY	
STREET ADDRESS 193 CONNAUGHT AVE	
CITY-ST-ZIP WILLOWDALE, ONTARIO, CANADA M2M -1T5	
TITLE D	<input checked="" type="checkbox"/> Delete
NAME COLUCCI, VITO	
STREET ADDRESS 34 TAYLORWOOD DRIVE	
CITY-ST-ZIP ISLINGTON, ONTARIO, CANADA M9A -4R7	
TITLE D	<input type="checkbox"/> Delete
NAME KUCHER, KENNETH	
STREET ADDRESS 61 PHEASANT LANE	
CITY-ST-ZIP ISLINGTON, ONTARIO, CANADA M9A -1T5	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME Doreen LaDonna	
STREET ADDRESS 5250 N. Ocean Dr.	
CITY-ST-ZIP SINGER Island, FL 33404	
TITLE Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME Ron Assef	
STREET ADDRESS 5250 N. Ocean Dr.	
CITY-ST-ZIP Singer Island, FL 33404	
TITLE Sec/Tre	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME ALTHOFF	
STREET ADDRESS 5250 N. OCEAN Dr	
CITY-ST-ZIP SINGER Island, FL 33404	

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: **SIGNATURE REQUIRED** DATE **4-21-00**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/99)