

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 27, 2006 8:00 am
Secretary of State

02-27-2006 90063 014 ****61.25



DOCUMENT # 770434		1. Entity Name	
THE CAPRI OF SINGER ISLAND CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business		Mailing Address	
5250 NORTH OCEAN DRIVE SINGER ISLAND FL 33404		5250 NORTH OCEAN DRIVE SINGER ISLAND FL 33404	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
KUCHER, KENNETH 5250 NORTH OCEAN DRIVE SINGER ISLAND FL 33404		Name: <u>RON ASSEF</u>	
		Street Address (P.O. Box Number is Not Acceptable): <u>5250 NORTH OCEAN DR. # 8-N</u>	
		<u>SINGER ISLAND</u>	
		City: _____ State: <u>FL</u> Zip Code: <u>33404</u>	
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>RON ASSEF VP.</u>		DATE: <u>2/9/06</u>	
Signature, typed or printed name of registered agent and title if applicable		(NOTE: Registered Agent signature required when reinstating)	



1st MOORE CR2E037 (10/05)

4. FEI Number	Applied For
59-2462989	<input type="checkbox"/> Not Applicable

5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
---	--

FILE NOW - FEE IS \$61.25 Due By May 1, 2006	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: D <input type="checkbox"/> Delete	NAME: JONES, GREY	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS: 5250 NORTH OCEAN DRIVE	CITY-ST-ZIP: SINGER ISLAND FL 33404	TITLE: VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: _____
TITLE: <input checked="" type="checkbox"/> Delete	NAME: ASSEF, RON	TITLE: _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: _____
STREET ADDRESS: 5250 NORTH OCEAN DRIVE	CITY-ST-ZIP: SINGER ISLAND FL 33404	TITLE: _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: _____
TITLE: <input type="checkbox"/> Delete	NAME: BORTOLUSSI, MARY	TITLE: _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: _____
STREET ADDRESS: 193 CONNAUGHT AVE	CITY-ST-ZIP: WILLOWDALE, ONTARIO, CANADA M2M -1T5	TITLE: T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: DAN CARBONE
TITLE: <input type="checkbox"/> Delete	NAME: KUCHER, KENNETH	TITLE: P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: _____
STREET ADDRESS: 61 PHEASANT LANE	CITY-ST-ZIP: ISLINGTON, ONTARIO, CANADA M9A -1T5	TITLE: _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: _____
TITLE: <input checked="" type="checkbox"/> Delete	NAME: DRY, MICKEY	TITLE: _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: _____
STREET ADDRESS: 5250 N. OCEAN DR	CITY-ST-ZIP: SINGER ISLAND FL 33404	TITLE: _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: _____
TITLE: <input type="checkbox"/> Delete	NAME: _____	TITLE: _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: _____
STREET ADDRESS: _____	CITY-ST-ZIP: _____	TITLE: _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: _____
CITY-ST-ZIP: _____		TITLE: _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: _____

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: RON ASSEF VP. 2/9/06 561-887-4162