


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 16, 2007 08:00 AM
Secretary of State

DOCUMENT # 770434			
1. Entity Name THE CAPRI OF SINGER ISLAND CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business 5250 NORTH OCEAN DRIVE SINGER ISLAND FL 33404		Mailing Address 5250 NORTH OCEAN DRIVE SINGER ISLAND FL 33404	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 59-2462989		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	



1st MOORE CR2E037 (10/06)

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
ASSEF, RON 5250 NORTH OCEAN DRIVE #8-N SINGER ISLAND FL 33404		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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

FILE NOW: FEE IS \$61.25 Due By May 1, 2007	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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D JONES, GREY 5250 NORTH OCEAN DRIVE SINGER ISLAND FL 33404	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	VP ASSEF, RON 5250 NORTH OCEAN DRIVE SINGER ISLAND FL 33404	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	S BORTOLUSSI, MARY 193 CONNAUGHT AVE WILLOWDALE, ONTARIO, CANADA M2M -1T5	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	T CARBONE, DAN 5250 N. OCEAN DR. #3-N WEST PALM BEACH FL 33404	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	P DRY, MICKEY 5250 N. OCEAN DR SINGER ISLAND FL 33404	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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04/24/07-80126-022 61.25

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** 4/13/07 561-882-4162