


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 14, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # 770434**

1. Entity Name  
 THE CAPRI OF SINGER ISLAND CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business      Mailing Address

5250 NORTH OCEAN DRIVE      5250-NORTH OCEAN DRIVE  
 SINGER ISLAND, FL 33404      SINGER ISLAND, FL 33404

**DO NOT WRITE IN THIS SPACE**



01072008 No Chg-NP      CR2E037 (4/06)

4. FEI Number      Applied For  
 59-2462989      Not Applicable

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

6. Name and Address of Current Registered Agent

ASSEF, RON  
 5250 NORTH OCEAN DRIVE  
 #8-N  
 SINGER ISLAND, FL 33404

**DO NOT WRITE IN THIS SPACE**

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 reinstating)      DATE \_\_\_\_\_

**Filing Fee Is \$61.25**  
**Due by May 1, 2008**

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	JONES, GREY
STREET ADDRESS	5250 NORTH OCEAN DRIVE
CITY-ST-ZIP	SINGER ISLAND, FL 33404
TITLE	VP
NAME	ASSEF, RON
STREET ADDRESS	5250 NORTH OCEAN DRIVE
CITY-ST-ZIP	SINGER ISLAND, FL 33404
TITLE	S
NAME	BORTOLUSSI, MARY
STREET ADDRESS	193 CONNAUGHT AVE
CITY-ST-ZIP	WILLOWDALE, ONTARIO, CANADA, M2M 1T5
TITLE	T
NAME	CARBONE, DAN
STREET ADDRESS	5250 N. OCEAN DR. #3-N
CITY-ST-ZIP	WEST PALM BEACH, FL 33404
TITLE	P
NAME	DRY, MICKEY
STREET ADDRESS	5250 N. OCEAN DR
CITY-ST-ZIP	SINGER ISLAND, FL 33404
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000897926  
 04/25/08-80068-004 61.25

**DO NOT WRITE IN THIS SPACE**

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: Mickey W. Dry  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 4/11/08      Daytime Phone #: (561) 842-0293