


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT


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

04-18-2008 90049 024 ****61.25


DOCUMENT # N01000005728	
1. Entity Name CDL CONDOMINIUM ASSOCIATION, INC.	

Principal Place of Business ARGOS MGMT 181 CTR RD VENICE, FL 34285	Mailing Address ARGOS MGMT 153 CENTER ROAD VENICE, FL 34285
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2. Principal Place of Business - No P.O. Box # Capri Property Mgmt Suite, Apt. #, etc. 810 B Pinebrook Rd. City & State Venice, FL Zip 34285 Country USA	3. Mailing Address Capri Property Mgmt Suite, Apt. #, etc. 810 B Pinebrook Rd. City & State Venice, FL Zip 34285 Country USA
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01292008 Chg-NP	CR2E037 (12/06)
4. FEI Number 65-1129620	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent ARGOS MANAGEMENT ARGOS MANAGEMENT OF VENICE, INC. 181 CTR RD VENICE, FL 34285		7. Name and Address of New Registered Agent Name Capri Property Management Inc. Street Address (P.O. Box Number is Not Acceptable) 810 B Pinebrook Rd. City Venice FL Zip Code 34285	
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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  Signature, typed or printed name of registered agent and title if applicable.	DATE 4-15-08 (NOTE: Registered Agent signature required when reinstating)

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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HUTZELL, ROBERT 341 GROVE DR. LOWER BURRELL, PA 15068 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Y Motta, Joe 901 Casa Del Lago Way Venice, FL 34292 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MOFFN, JOE 901 CASA DEL LAGO WAY VENICE, FL 34292 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Bessom, Robert 701 Casa Del Lago Way Venice, FL 34292 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARLSON, JUNE 702 CASA DEL LAGO VENICE, FL 34292 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HERM, LAWRENCE 702 CASA DEL LAGO VENICE, FL 34292 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PAINTER, ROBERT 402 CASA DEL LAGO VENICE, FL 34292 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	DATE 4-15-08 941 412 0449 Date Daytime Phone #