


2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90300 014 ****61.25

DOCUMENT # N02000005040	
1. Entity Name CAPRI XII CONDOMINIUM ASSOCIATION, INC.	

Principal Place of Business 9737 NW 41 STREET #18 MIAMI, FL 33178 US	Mailing Address 9737 NW 41 STREET #18 MIAMI, FL 33178 US
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2. Principal Place of Business 9737 NW 41 STREET Suite, Apt. #, etc. # 118 City & State Miami FL Zip 33178 Country USA	3. Mailing Address 9737 NW 41 STREET Suite, Apt. #, etc. # 118 City & State Miami FL Zip 33178 Country USA
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01212005 Chg-NP CR2E037 (10/03)

6. Name and Address of Current Registered Agent LARICCHIA, MARIO 9737 NW 41 STREET #18 MIAMI, FL 33178		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 9737 NW 41 STREET # 118 City Miami FL Zip Code 33178	
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4. FEI Number NOT APPLICABLE	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

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. (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2005	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	P LARICCHA, MARIO 9737 NW 41 STREET #18 MIAMI, FL 33178 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 9737 NW 41 STREET # 118 Miami, FL 33178
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LARICCHA, ROCO 9737 NW 41 STREET #18 MIAMI, FL 33178 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 9737 NW 41 STREET # 118 Miami, FL 33178
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LARICCHA, MARIO 9737 NW 41 STREET #18 MIAMI, FL 33178 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition S LARICCHIA, ISABEL 9737 NW 41 STREET # 118 Miami, FL 33178
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LARICCHA, ALEJANDRO 9737 NW 41 STREET #18 MIAMI, FL 33178 <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	<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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date _____ Daytime Phone # _____