

2005 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED
Apr 27, 2005
Secretary of State**

DOCUMENT# N02000005040

Entity Name: CAPRI XII CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:9737 NW 41 STREET
#118
MIAMI, FL 33178 US**New Principal Place of Business:**6461 INDIAN CREEK DRIVE
MIAMI BEACH, FL 33141 US**Current Mailing Address:**9737 NW 41 STREET
#118
MIAMI, FL 33178 US**New Mailing Address:**145 MADEIRA AVENUE
206
CORAL GABLES, FL 33134 US

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:LARICCHIA, MARIO
9737 NW 41 STREET #118
MIAMI, FL 33178 US**Name and Address of New Registered Agent:**FERNANDEZ, SUSANA
145 MADEIRA AVENUE
CORAL GABLES, FL 33134 US

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.

SIGNATURE: SUSANA FERNANDEZ

04/27/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:Title: P () Delete
Name: LARICCHA, MARIO
Address: 9737 NW 41 STREET #118
City-St-Zip: MIAMI, FL 33178 USTitle: VP () Delete
Name: LARICCHA, ROCO
Address: 9737 NW 41 STREET #118
City-St-Zip: MIAMI, FL 33178 USTitle: S () Delete
Name: LARICCHIA, ISABEL
Address: 9737 NW 41 STREET #118
City-St-Zip: MIAMI, FL 33178 US**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SUSANA FERNANDEZ

RA

04/27/2005

Electronic Signature of Signing Officer or Director

Date