

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 13, 2008 8:00 am
Secretary of State

05-13-2008 90018 023 ****61.25

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DOCUMENT # N06000008529 1. Entity Name CAPRI INN AT THE BEACH CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 5652-MARQUESAS CIRCLE SARASOTA, FL 34233			Mailing Address 5652-MARQUESAS CIRCLE SARASOTA, FL 34233		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc. 6583 Midnight Pass Rd		Suite, Apt. #, etc. 6583 Midnight Pass Rd			
City & State		City & State		04252008 Chg-NP CR2E037 (12/06)	
Zip 34242		Country		4. FEI Number 20-8532198	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent HICKERNELL, WARREN JR 6583 MIDNIGHT PASS RD SARASOTA, FL 34242			7. Name and Address of New Registered Agent 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 _____ 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, 2008		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HICKERNELL, WARREN JR. 6583 MIDNIGHT PASS RD SARASOTA, FL 34242	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DESILVA, DENNIS 6583 MIDNIGHT PASS RD SARASOTA, FL 34242	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD REDFOOT, KELLY 6583 MIDNIGHT PASS RD SARASOTA, FL 34242	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]	☐ Delete			
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: <u>Warren Hickernell</u> WARREN HICKERNELL <u>4/25/08</u> <u>349-3131</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					