

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000005440

FILED
May 01, 2009
Secretary of State

Entity Name: CAPRI SOUTH BEACH CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

1445 16TH STREET
MIAMI BEACH, FL 33139

New Principal Place of Business:

Current Mailing Address:

1445 16TH STREET
MIAMI BEACH, FL 33139

New Mailing Address:

FEI Number: 26-2761871 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

SIFFIN, MARK A
1445 16TH STREET
MIAMI BEACH, FL 33139 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: SIFFIN, MARK A
Address: 1445 16TH STREET
City-St-Zip: MIAMI BEACH, FL 33139

Title: DV () Delete
Name: SIFFIN, MAE
Address: 250 EAST 96TH STREET, SUITE 580
City-St-Zip: INDIANAPOLIS, IN 46240

Title: DST () Delete
Name: BENTON, JOSEPH
Address: 250 EAST 96TH STREET, SUITE 580
City-St-Zip: INDIANAPOLIS, IN 46240

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DST (X) Change () Addition
Name: BENTON, JOSEPH
Address: 1445 16TH STREET
City-St-Zip: MIAMI BEACH, FL 33139

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: JOSEPH BENTON

Electronic Signature of Signing Officer or Director

DST

05/01/2009

_____ Date