

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 28, 2004 08:00 AM
Secretary of State

DOCUMENT # N09760

1. Entity Name
**CAPRI MOTOR LODGE CONDOMINIUM ASSOCIATION,
INC.**



Principal Place of Business
**CAPRI MOTOR LODGE CONDO
360 CAPRI BLVD #213
NAPLES, FL 34113**

Mailing Address
**CAPRI MOTOR LODGE CONDO
360 CAPRI BLVD #213
NAPLES, FL 34113**



01232004 No Chg-NP CR2E037 (10/03)

4. FEI Number
59-2833603

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**FORSYTHE, EDWARD
360 CAPRI BLV.
108
NAPLES, FL 34113**

**DO NOT WRITE
IN THIS SPACE**

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, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

[Handwritten signature]

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	STOUT, KEITH
STREET ADDRESS	PO BOX 156
CITY-STATE-ZIP	BALTIMORE, OH 43105

TITLE	DVP
NAME	FORSYTHE, EDWARD
STREET ADDRESS	360 CAPRI BLVD, #108
CITY-STATE-ZIP	NAPLES, FL 34113

TITLE	D
NAME	MOONTNEY, ROBERT C
STREET ADDRESS	360 CAPRI BLVD #107
CITY-STATE-ZIP	NAPLES, FL 34113

TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

000000016729
01/28/04-80066-020 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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

[Handwritten signature] 1/22/04 239-389-6028

Date

Daytime Phone #