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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N11929**

1. Corporation Name
ONE CAPRI VILLAGE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
10730 U. S. 19 SUITE 17 PORT RICHEY FL 34668	10730 U. S. 19 SUITE 17 PORT RICHEY FL 34668

2. Principal Place of Business	2a. Mailing Address
21 8406 Massachusetts Ave.	26 8406 Massachusetts Ave.
Suite, Apt. #, etc. 22 Suite B-3	Suite, Apt. #, etc. 27 Suite B-3
City & State 23 New Port Richey, FL	City & State 28 New Port Richey, FL
Zip 24 34653 Country 25	Zip 29 34653 Country 30

3. Date Incorporated or Qualifed: 11/06/1985

4. FEI Number: 59-2681286 ☐ Applied For ☐ Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

QUALIFIED PROPERTY MANAGEMENT, INC.
10730 U. S. 19, SUITE 17
PORT RICHEY FL 34668

10. Name and Address of New Registered Agent

81 Name: COMMUNITY MANAGEMENT SERVICES, INC.
82 Street Address (P.O. Box Number is Not Acceptable): 8406 Massachusetts Ave., Suite B-3
83
84 City: New Port Richey, FL 85 Zip Code: 34653

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ 4/2/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD GANGEMI, ROSE 11530 ORLEANS LANE PORT RICHEY FL	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	D ELIZABETH SHELLY 11600 ORLEANS LANE PORT RCHEY, FL 34668	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD GANGWISCH, LOUIS 11537 ORLEANS LANE PORT RICHEY FL	☒ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	D ANNIE KATHLEEN BURCZYK 11604 ORLEANS LANE PORT RICHEY, FL 34668	☐ Change XX Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD LEDOUX, MICHAEL 11607 ORLEANS LANE PORT RICHEY FL	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (11/98)

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Rose **SIGNATURE REQUIRED** Rose Gangemi 727-847-3482
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #