2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2006 8:00 am
Secretary of State
04-27-2006 90206 032 ****61.25

DOCUMENT # N11929

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

Principal Place of Business	Mailing Address
10730 US 19 STE 17 PORT RICHEY, FL 34668	10730 US 19 STE 17 PORT RICHEY, FL 34668

01062006 Chg-NP CR2E037 (11/05)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

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

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
QUALIFIED PROPERTY MANAGEMENT, INC. 10730 US 19 STE 17 PORT RICHEY, FL 34668	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, 2006

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	~~VD~~ ~~CAWLEY, JAY~~ ~~8325 MONACO DR~~ ~~PORT RICHEY, FL~~ 34668	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD Cawley, Jay 10730 U.S. 19, Suite 17 Port Richey, FL	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~TD~~ ~~PEPIN, ALMA~~ ~~11607 ORLEANS LANE~~ ~~PORT RICHEY, FL~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD Pepin, Alma 10730 U.S. 19, Suite 17 Port Richey, FL	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~SD~~ ~~GANGEMI, ROSE~~ ~~11530 ORLEANS AVE~~ ~~PORT RICHEY, FL~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD Gangemi, Rose 10730 U.S. 19, Suite 17 Port Richey, FL	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~VD~~ ~~TARDI, PAUL~~ ~~11530 ORLEANS AVE~~ ~~PORT RICHEY, FL~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD Tardi, Paul 10730 U.S. 19, Suite 17 Port Richey, FL	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

SIGN ↓ DATE

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: W. Jay Cawley 4/17/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #