2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11929

FILED Apr 18, 2007 Secretary of State

Entity Name: ONE CAPRI VILLAGE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

10730 US 19 5901 U.S. 19 STE 17 SUITE 7Q

PORT RICHEY, FL 34668 NEW PORT RICHEY, FL 34652 US

Current Mailing Address: New Mailing Address:

10730 US 19 5901 U.S. 19 STE 17 SUITE 7Q

PORT RICHEY, FL 34668 NEW PORT RICHEY, FL 34652 US

FEI Number: 59-2681286 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

QUALIFIED PROPERTY MANAGEMENT, INC. QUALIFIED PROPERTY MANAGEMENT, INC.

10730 US 19 5901 U.S. 19 STE 17 SUITE 7Q

PORT RICHEY, FL 34668 US NEW PORT RICHEY, FL 34652 US

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: MARY A WHITE 04/18/2007

Electronic Signature of Registered Agent

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Date

PD () Delete Title: PD (X) Change () Addition

 Name:
 CAWLEY, JAY
 Name:
 BRACKEN, ROBERT

 Address:
 10730 US 19 SUITE 17
 Address:
 5901 U.S. 19

City-St-Zip: PORT RICHEY, FL 34652 US

Title: TD () Delete Title: VD (X) Change () Addition

Name: PEPIN, ALMA Name: TARDI, PAUL

Address: 10730 US 19 SUITE 17 Address: 5901 U.S. 19

City-St-Zip: PORT RICHEY, FL City-St-Zip: NEW PORT RICHEY, FL 34652 US

 $\label{eq:title:sde} \mbox{Title:} \qquad \mbox{SD} \qquad \mbox{() Delete} \qquad \qquad \mbox{Title:} \qquad \mbox{SD} \qquad \mbox{(X) Change () Addition}$

 Name:
 GANGEMI, ROSE
 Name:
 GANGEMI, ROSE

 Address:
 10730 US 19 SUITE 17
 Address:
 5901 U.S. 19

City-St-Zip: PORT RICHEY, FL 34652 US

Title: VD () Delete Title: TD (X) Change () Addition

Name: TARDI, PAUL Name: CAWLEY, JAY

 Address:
 10730 US 19 SUITE 17
 Address:
 5901 U.S. 19

 City-St-Zip:
 PORT RICHEY, FL
 34652 US

 City-St-Zip:
 NEW PORT RICHEY, FL
 34652 US

Title: () Delete Title: D () Change (X) Addition

 Name:
 Name:
 LEVY, BOB

 Address:
 Address:
 5901 U.S. 19

City-St-Zip: City-St-Zip: SUITE 7Q, FL 34652 US

I hereby certify that the information supplied with this filing does not qualify for the 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: MARY A WHITE CEO 04/18/2007