2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2010
Secretary of State

DOCUMENT# N11929

Entity Name: ONE CAPRI VILLAGE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

5901 U.S. 19
SUITE 7Q
NEW PORT RICHEY, FL 34652 US

New Principal Place of Business:

6014 US HWY 19 N
504
NEW PORT RICHEY, FL 34652 US

Current Mailing Address:

5901 U.S. 19
SUITE 7Q
NEW PORT RICHEY, FL 34652 US

New Mailing Address:

6014 US HWY 19 N
504
NEW PORT RICHEY, FL 34652 US

FEI Number: 59-2681286 **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:

QUALIFIED PROPERTY MANAGEMENT, INC.
5901 U.S. 19
SUITE 7Q
NEW PORT RICHEY, FL 34652 US

Name and Address of New Registered Agent:

KELLEY, HELEN
C/O CREATIVE MANAGEMENT
6014 US HWY 19 STE 504
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: HELEN KELLEY 05/01/2010
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD
Name: LEVY, ROBERT
Address: 6014 US HWY 19 STE 504
City-St-Zip: NEW PORT RICHEY, FL 34652 US

Title: VD
Name: TARDI, PAUL
Address: 6014 US HWY 19 STE 504
City-St-Zip: NEW PORT RICHEY, FL 34652 US

Title: SD
Name: GANGEMI, ROSE
Address: 6014 US HWY 19 STE 504
City-St-Zip: NEW PORT RICHEY, FL 34652 US

Title: D
Name: CAWLEY, JAY
Address: 6014 US HWY 19 STE 504
City-St-Zip: NEW PORT RICHEY, FL 34652 US

Title: TD
Name: CAINE, LINNEA
Address: 6014 US HWY 19 STE 504
City-St-Zip: NEW PORT RICHEY, FL 34652 US

I hereby 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 all other like empowered.

SIGNATURE: HELEN KELLEY MGR 05/01/2010
Electronic Signature of Signing Officer or Director Date