2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Feb 29, 2008 8:00 am Secretary of State

DOCUMENT # N23490* 1. Entity Name TWO CAPRI VILLAGE CONDOMINIUM ASSOCIATION, INC.								(02-29-20		_		
C/O GOLDSTAR MGMT CO C/O 2435 US 19 #270 243			ing Address OGOLDSTAR MGMT CO 35 US 19 #270 LIDAY, FL 34691								FILIO BATA BAT		
2. Principal P	Place of Business - No P.O. Box #	3. Ma	iling Address										
Suite, Apt.	#, etc.	Si	Suite, Apt. #, etc.				0215200)8 c	hg-NP	С	R2E037	(12/06)	
City & State		C	City & State				4. FEI Nu 59-2	mber 8564	04			<u> </u>	oplied For ot Applicable
Zip	Country	Zi	p	Соц	ntry		5. Certific	ate of S	Status Desi	red [8.75 Add	ditional
	6. Name and Address of Cur	rent Register	ed Agent				7. Name a	and Ad	dress of N	lew Regis	stered Ag	ent	
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	O PROPERTY MANGEME	NT; INC.		ļ	Stroot A	<u>Alm</u>	O. Box Nu	130	9 4/	-4-6/->			
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the obligat	e named entity submits this statementions of registered agent.	T	est rev 1	21~	\ 1	د ۸ ه				- •	80/5		
SIGNATURE !	analyse, typed or printed name of registered	agent and title if app	păcable. (NOTE	E: Registered	Agent signat	ture required	when reinstating)			DATE		
SIGNATURE	Filling Fee is \$61.25 Due by May 1, 2008	agent and title if ap	9. Election Can Trust Fund C	mpaign Fi	inancing		\$5.00 Ma	y Be	Page 1	Make Florida	check p	payable the	
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Thereby certify that the information supplied with this litting 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 office 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

SiNGER

2/19/08 717-8653081