

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N25145

FILED
Apr 30, 2006
Secretary of State

Entity Name: CAPRICE OF ST. PETERSBURG BEACH CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

6950 BEACH PLAZA
SAINT PETERSBURG, FL 33706 US

New Principal Place of Business:

Current Mailing Address:

10681 GULF BLVD SUITE 207
TREASURE ISLAND, FL 33706 US

New Mailing Address:

FEI Number: 06-1228649

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LIBERTE MANAGEMENT
10681 GULF BLVD SUITE 207
TREASURE ISLAND, FL 33706 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: PESZYNSKI, PAUL
Address: 29 DAYPOINT RD
City-St-Zip: EAST HAMPTON, CT 06424

Title: P () Delete
Name: COLLBAUGH, NANCY
Address: 531 UNITON RD R #2
City-St-Zip: NESHANIC STATION, NJ 08853

Title: DT () Delete
Name: HAMILTON, STEPHEN
Address: P.O.BOX 157
City-St-Zip: BARDSTOWN, KY 40004

Title: DS () Delete
Name: TAYLOR, ELSIE
Address: 1263 CANFORD CRESENT
City-St-Zip: MISSISSAUGA ONTARIO, CN L5J3M9

Title: VP () Delete
Name: CERESTE, NICHOLASA
Address: 206 MAIN ST UNIT 4
City-St-Zip: MELLBURN, NJ 07041

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DT (X) Change () Addition
Name: RENNA, NICHOLAS
Address: 40 13TH AVE
City-St-Zip: HALIFAX, MA 02338

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: MEDAJ, JAMES
Address: 104 ELMHURST CIRCLE
City-St-Zip: LIVERPOOL, NY 10390

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: JOHN HUGHES

MR

04/30/2006

Electronic Signature of Signing Officer or Director

Date