


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 28, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N25145</b>	
1. Entity Name CAPRICE OF ST. PETERSBURG BEACH CONDOMINIUM ASSOCIATION, INC.	

Principal Place of Business 6950 BEACH PLAZA SAINT PETERSBURG, FL 33706 US	Mailing Address 10681 GULF BLVD SUITE 207 TREASURE ISLAND, FL 33706 US
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DO NOT WRITE IN THIS SPACE



01102008 No Chg-NP CR2E037 (4/06)

4. FEI Number 06-1228649	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

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

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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)

Signature, typed or printed name of registered agent and title if applicable DATE

<b>Filing Fee is \$61.25 Due by May 1, 2008</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KARASSIK, BARBARA 7313 EATON COURT UNIVERSITY PARK, FL 34201
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT COLLBAUGH, NANCY 531 UNITON RD R #2 NESHANIC STATION, NJ 08853
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V RENN, NICHOLAS 40 13TH AVE HALIFAX, MA 02338
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS TAYLOR, ELSIE 1263 CANFORD CRESENT MISSISSAUGA ONTARIO, CN L5J3M9
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MEDAJ, JAMES 104 ELMHURST CIRCLE LIVERPOOL, NY 10390
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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02/01/08-80060-015 61.25

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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:** Elsie Taylor ELSIE TAYLOR JAN 28 / 08 727-360-6199

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #