

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N41868

FILED
Jan 17, 2007
Secretary of State

Entity Name: CAPRI SUNSET CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

11800 CAPRI CIRCLE SO.
TREASURE ISLAND, FL 33706

New Principal Place of Business:

Current Mailing Address:

11800 CAPRI CIRCLE SO.
TREASURE ISLAND, FL 33706

New Mailing Address:

FEI Number: 59-3055458

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VERONA, LOIS
11820 CAPRI CIRCLE S
TREASURE ISLAND, FL 33706 US

Name and Address of New Registered Agent:

SPRIGGS, PAT
11800 CAPRI CIRCLE S
TREASURE ISLAND, FL 33706 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: PAT SPRIGGS

01/17/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: SD () Delete
Name: SPRIGGS, PATRICIA
Address: 11800 CAPRI CIR. SO.
City-St-Zip: TREASURE ISLAND, FL

Title: PD () Delete
Name: JONES, JACK
Address: 11810 CAPRI CIRCLE S.
City-St-Zip: TREASURE ISLAND, FL 33706

Title: TD () Delete
Name: VERONA, LOIS,
Address: 11820 CAPRI CIR. SO.
City-St-Zip: TREASURE ISLAND, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: TD (X) Change () Addition
Name: TOM OGLESBY,
Address: 11820 CAPRI CIR. SO.
City-St-Zip: TREASURE ISLAND, FL

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: PAT SPRIGGS

SD

01/17/2007

Electronic Signature of Signing Officer or Director

Date