

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N41868

FILED
Jan 20, 2009
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:

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

Title: PD () Delete
Name: HOLDINGS, LOYAL
Address: 717 PONCE DE LEON BLVD #307
City-St-Zip: MIAMI, FL 33134

Title: TD () Delete
Name: TOM OGLESBY,
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: TD (X) Change () Addition
Name: JONES, JACK L
Address: 11810 CAPRI CIRCLE SOUTH
City-St-Zip: TREASURE ISLAND, FL 33706

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

I hereby certify that the information supplied with this filing does not qualify 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

TD

01/20/2009

Electronic Signature of Signing Officer or Director

_____ Date