

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 745424

FILED
Apr 05, 2009
Secretary of State

Entity Name: THE 12080 CAPRI CIRCLE SOUTH CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

12080 CAPRI CIRCLE S
UNIT 202
TREASURE ISLAND, FL 33706

New Principal Place of Business:

Current Mailing Address:

12080 CAPRI CIRCLE S
UNIT 202
TREASURE ISLAND, FL 33706

New Mailing Address:

FEI Number: 59-3010287 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

CURETON, STEVEN W
12080 CAPRI CIR S
#202
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: HARRISON, MARGARET
Address: 12080 CAPRI CIR SO, UNIT 201
City-St-Zip: TREASURE ISLAND, FL 33706

Title: TD () Delete
Name: CURETON, STEVEN
Address: 12080 CAPRI CIR S, UNIT 202
City-St-Zip: TREASURE ISLAND, FL 33706

Title: VD () Delete
Name: JEDLICKA, ROSEMARY
Address: 12080 CAPRI CIR S, UNIT 102
City-St-Zip: TREASURE ISLAND, FL 33706

Title: PD () Delete
Name: KRUSE, JAN
Address: 12080 CAPRI CIR S, UNIT 101
City-St-Zip: TREASURE ISLAND, F 33706

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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: STEVEN W CURETON

TD

04/05/2009

Electronic Signature of Signing Officer or Director

_____ Date