## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED DOCUMENT # **754382** Feb 26, 2000 8:00 am 1. Entity Name **Secretary of State** CAPRI COVE ADULT CONDOMINIUM ASSOCIATION, INC. 02-26-2000 90039 049 \*\*\*\*61.25 Principal Place of Business Mailing Address C/O SUE LAMONT 11700 CAPRI CIRCLE S. TREASURE ISLAND FL 33706 250-104TH AVE. TREASURE ISLAND FL 33706-4846 UUU44136 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-2049111 Not Applicable Zip Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) LAMONT, SUE 250 104TH AVE. TREASURE ISLAND FL 33706 Zip Code City FL 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 SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE, Registered Agent signature required when reinstating) FILE NOW: 9. Election Campaign Financing Make Check Payable to **\$5.00** May Be $\Gamma$ Department of State Trust Fund Contribution. Added to Fees **FEE IS \$61.25** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. PDX Change ☐ Addition ☐ Delete TITLE SCHLOTT, PETER 11700 CAPRI CIRCLE S. #6 NAME SCHLOTT, PETER NAME STREET ADDRESS STREET ADDRESS 11700 CAPRI CIRCLE S., #6 TREASURE ISLAND, FL 33706 CITY-ST-ZIP CITY-ST-ZIP TREASURE ISLAND FL 33706 **X** Addition Delete Change TITLE STD TITLE BENOIT, JOSEPH R 11100 CAPRI CIRCLE S. #3 TREASURE BLAND, FL 33706 NAME NAME KERWIN, TOM STREET ADDRESS STREET ADDRESS 11700 CAPRI CIRCLE S, #10 CITY-ST-ZIP CITY-ST-ZIP TREASURE ISLAND FL 33706 Addition Delete TITLE TITLE WETZEL, MAUREEN NAME NAME LUTHER, JACK 11700 CAPRI CIRCLE S. #8 STREET ADDRESS STREET ADDRESS 8235 TALL TREES CT. TREASURE ISLAND, FC 33706 CITY-ST-7IP CITY-ST-ZIP **ELLIOTT CITY MD 21043** ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

SIGNILLI RESIDENCE DE LA SHLOTT 1-13-2000 SCHATLINE AND VEREZ OR DESCRIPTION OFFICER OR DES

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SIGNATURE:

Daytime Phone #