2002 UNIFORM BUSINESS REPORT (UBR)

Mar 05, 2002 8:00 am § Secretary of State DOCUMENT # **754382** 1. Entity Name 03-05-2002 90003 035 ****61.25 CAPRI COVE ADULT CONDOMINIUM ASSOCIATION, INC. Principal Place of Business Mailing Address 11700 CAPRI CIRCLE S. C/O SUE LAMONT TREASURE ISLAND FL 33706 250-104TH AVE. TREASURE ISLAND FL 33706 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2049111 Not Applicable Zip Country . Country \$8.75. Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) **EAMONT, SUE E** 250 104TH AVE. TREASURE ISLAND FL 33706 Zip Code City 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 DATE (NOTE: Registered Agent signature required when reinstating) \$5.00 May Be 9. Election Campaign Financing Make Check Payable to FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. PD Delete TITLE TITLE Change Addition SCHLOTT, PETER 11700 CAPRI CIRCLES.#6 NAME SCHLOTT, PETER NAME 11700 CAPRI CIRCLE S., #6 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Treasure Island FL 33706 TREASURE ISLAND FL 33706 ☐ Delete BOX, WINN NAME NAME 11700 CAPRI CIRCLES S #5 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TREASURE ISLAND FL 33706 Delete Addition TITLE TITLE Change KERWIN, TOM NAME HARBLIM, THOMAS NAME 11700 CAPRICIECLES. #10 STREET ADDRESS 11700 CAPRI CIRCLE S #4 STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TREASURE ISLAND FL 33706 TREASURE ISLAND, FL 33706 Delete TITLE TD TITLE Addition NAME BENOIT, JOSEPH R NAME STREET ADDRES 11700 CAPRI CIRCLE S #3 STRFFT ADDRESS CITY-ST-ZIP CITY-ST-ZIP TREASURE ISLAND FL 33706 Delete TITLE TITLE ☐ Change Addition NAME wetzel, maureen NAME STREET ADDRESS STREET ADDRESS 11700 CAPRI CIRCLE S #8 CITY-ST-ZIP CITY-ST-ZIP <u>Treasure island</u> fl <u>33706</u> TITLE ☐ Addition ☐ Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS

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 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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

Wind JABSOXOUDINN BOX

<u> 2/15/0</u>3

121-360-3644