2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 10, 2001 8:00 am
Secretary of State
05-10-2001 90129 041 ****61.25

DOCUMENT #N07960

1. Entity Name
CAPRI HARBOR SOUTH CONDOMINIUM ASSOCIATION INC.

Principal Place of Business	Mailing Address
250 104 Avenue TREASURE ISLAND Fl. 33706	250 104 AVENUE TREASURE ISLAND FL. 33706

A0062969

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-2877340 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CALDWELL, CRAIG
CONDOMINIUM ASSOCIATES
1 EXECUTIVE DRIVE SUITE 200
CLEARWATER, FLORIDA 34622

7. Name and Address of New Registered Agent

Name SUE LAMONT (LAMONT MANAGEMENT)
Street Address (P.O. Box Number is Not Acceptable) 250 104 AVENUE
City TREASURE ISLAND FL. Zip Code 33706

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: Sue Lamont SUE LAMONT 04/25/01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: [illegible]

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

FREQUENCY CODE: [illegible]

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT Kilroy Gary 12110 CAPRI CIRCLE SOUTH TREASURE ISLAND, FL 337006 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VICE PRESIDENT LIPPMANN WALT 12116 CAPRI CIRCLE SOUTH TREASURE ISLAND FL 337006 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TREASURER OVERBY JAMES 12118 CAPRI CIRCLE SOUTH TREASURE ISLAND FL 337006 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SECRETARY MEEHAN WILLIAM 12130 CAPRI CIRCLE SOUTH TREASURE ISLAND FL 337006 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR PHISCOTT GORDON 12140 CAPRI CIRCLE SOUTH TREASURE ISLAND FL 33706 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (11/00)

12. I hereby 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Gary E Kilroy GARY E. KILROY 04/25/01 (727) 360-8419
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR PRESIDENT Date Daytime Phone #