

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90367 017 ****61.25

DOCUMENT # N07960

1. Entity Name
CAPRI HARBOR SOUTH CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
**LAMONT MANAGEMENT
250 104TH AVENUE
TREASURE ISLAND, FL 33706 US**

Mailing Address
**LAMONT MANAGEMENT
250 104TH AVENUE
TREASURE ISLAND, FL 33706 US**

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

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

01072004 Chg-NP CR2E037 (10/03)

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

**LAMONT, SUE
LAMONT MANAGEMENT
250 104TH AVENUE
TREASURE ISLAND, FL 33706**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	☒ Delete
NAME	KILRAY, GARY	
STREET ADDRESS	12110 CAPRI CIRCLE SOUTH	
CITY-ST-ZIP	TREASURE ISLAND, FL 33706	
TITLE	VP	☐ Delete
NAME	LIPPMANN, WALT	
STREET ADDRESS	12116 CAPRI CIRCLE SOUTH	
CITY-ST-ZIP	TREASURE ISLAND, FL 33706	
TITLE	TD	☐ Delete
NAME	MEEHAN, BILL	
STREET ADDRESS	12130 CAPRI CIRCLE SOUTH	
CITY-ST-ZIP	TREASURE ISLAND, FL 33706	
TITLE	SD	☐ Delete
NAME	OVERBY, JAMES	
STREET ADDRESS	12118 CAPRI CIRCLE SOUTH	
CITY-ST-ZIP	TREASURE ISLAND, FL 33706	
TITLE	V	☒ Delete
NAME	PATSCOTT, GORDON	
STREET ADDRESS	12148 CAPRI CIRCLE SOUTH	
CITY-ST-ZIP	TREASURE ISLAND, FL 33706	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	STD	☐ Change ☒ Addition
NAME	APPLING, SHEILA	
STREET ADDRESS	12140 CAPRI CIRCLE S.	
CITY-ST-ZIP	TREASURE ISLAND FL 33706	
TITLE	D	☒ Change ☐ Addition
NAME	LIPPMANN WALT	
STREET ADDRESS	12116 Capri Circle S.	
CITY-ST-ZIP	Treasure Island, FL 33706	
TITLE	VP	☒ Change ☐ Addition
NAME	MEEHAN, BILL	
STREET ADDRESS	12130 CAPRI CIRCLE S.	
CITY-ST-ZIP	Treasure Island, FL 33706	
TITLE	PD	☒ Change ☐ Addition
NAME	Overby, James	
STREET ADDRESS	12118 Capri Circle S	
CITY-ST-ZIP	Treasure Island, FL 33706	
TITLE	D	☐ Change ☒ Addition
NAME	Flowers, BLAIR	
STREET ADDRESS	12144 CAPRI CIRCLE S	
CITY-ST-ZIP	TREASURE ISLAND FL 33706	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 **PRESIDENT** 4/19/04 (727) 360-8419
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #