2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N07960

FILED Apr 19, 2004 8:00 am Secretary of State 04-19-2004 90367 017 ****61.25

Entity Name CAPRI HARBOR SOUTH CONDOMINIUM ASSOCIATION, INC.								
Principal Plac LAMONT MAI 250 104TH TREASURE IS	NAGEMENT	Mailing Address LAMONT MANAGEMENT 250 104TH AVENUE TREASURE ISLAND, FL	33706 US	1 ISBN 11 BEN 11	I B (B () B () II B () B () I		 	
2. Principal P	lace of Business	3. Mailing Address						
Suite, Apt. #, etc. St		Suite, Apt. #, etc.	Suite, Apt. #, etc.		-NP CR2E0	37 (10/03)		
City & Stat	e	City & State		4. FEI Number 59-2877340			plied For t Applicable	
Zip	Country	=	Country	5 Certificate_of State		\$8.75 Add Fee Required		
	6. Name and Address of Current Re	egistered Agent	Name	7. Name and Addre	ss of New Registered	Agent		
LAMONT, SUE LAMONT MANAGEMENT			Street Addre	Street Address (P.O. Box Number is Not Acceptable)				
	HAVENUE RE ISLAND, FL 33706							
	·		City		FL	Zip Code	e	
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	Tulle if applicable (NOTE	: Registered Agent signature re	Oured when reinstation)	DATE			
	Signature, types or printed have or regular to again and	, man applicable. (10.12		daran mariorminal	D/11C			
	Filing Fee is \$61.25 Due by May 1, 2004	9. Election Cam Trust Fund C		\$5.00 May Be Added to Fees	Make chec Florida Depai	k payable to rtment of St		
10.	Due by May 1, 2004 OFFICERS AND DIRE	Trust Fund C	ontribution.	Added to Fees ADDITIONS/CHANGES	Florida Depai	rtment of SI	ate 10	
10. TITLE NAME STREET ADDRESS	OFFICERS AND DIRE PD KILRAY, GARY 12110 CAPRI CIRCLE SOUTH	Trust Fund C	Ontribution. 11. TITLE NAME STREET ADDRESS /2	Added to Fees ADDITIONS/CHANGES TD PPLING, SHE JYO CAPRI CI	Florida Depai TO OFFICERS AND DI 1LA RCIES.	rtment of St	ate	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Due by May 1, 2004 OFFICERS AND DIRE PD KILRAY, GARY 12110 CAPRI CIRCLE SOUTH TREASURE ISLAND, FL 33706	Trust Fund C	Ontribution. 11. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Added to Fees ADDITIONS/CHANGES TO PPLING, SHE JIYO CAPRI CI REASURE ISLAN	Florida Depai TO OFFICERS AND DI 1LA RCIES.	rtment of Si	110 Addition	
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indicated on inits report or supplemental report is true and accurate and that my signature shall have the same legal effect as it 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.

PRESIDENT