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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N34085** **(3)**

1. Corporation Name

CAPRI HARBOR MASTER ASSOCIATION, INC.

Principal Place of Business	Mailing Address
12354 CAPRI CIR N TREASURE ISLAND FL 33706 US	C/O LAMONT 250-104TH AVE TREASURE ISLAND FL 33706-4846 US

3. Date Incorporated or Qualified: **09/08/1989**
3a. Date of Last Report: **04/01/1996**

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / 29
Country — 25 / 30

4. FEI Number: **59-3059083** ☐ Applied For ☐ Not Applicable

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

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

LAMONT, SUE
250 104TH AVE
TREASURE ISLAND FL 33706

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VD	☐ DELETE	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	KEMKER, PAUL		1.2 NAME	KEMKER, PAUL	
STREET ADDRESS	12354 CAPRI CIRCLE N		1.3 STREET ADDRESS	12354 CAPRI CIRCLE N.	
CITY-ST-ZIP	TREASURE ISLAND FL		1.4 CITY-ST-ZIP	TREASURE ISLAND, FL 33706	
TITLE	STD	☒ DELETE	2.1 TITLE	STD	☐ Change ☒ Addition
NAME	MARATOS, STANLEY		2.2 NAME	LIPPMAN, WALT	
STREET ADDRESS	12352 CAPRI CIRCLE N		2.3 STREET ADDRESS	12116 CAPRI CIRCLE S.	
CITY-ST-ZIP	TREASURE ISLAND FL		2.4 CITY-ST-ZIP	TREASURE ISLAND, FL 33706	
TITLE	PD	☐ DELETE	3.1 TITLE	VD	☒ Change ☐ Addition
NAME	KILROY, GARY		3.2 NAME	KILROY, GARY	
STREET ADDRESS	12110 CAPRI CIRLCE S		3.3 STREET ADDRESS	12110 CAPRI CIRCLE S.	
CITY-ST-ZIP	TREASURE ISLAND FL		3.4 CITY-ST-ZIP	TREASURE ISLAND, FL 33706	
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (9/96)

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: PAUL KEMKER PAUL KEMKER 4-4-97 360-3644
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0050281