FILED

2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Feb 02, 2001 8:00 am Secretary of State **DOCUMENT # N34085** 1. Entity Name CAPRI HARBOR MASTER ASSOCIATION, INC. 02-02-2001 90313 036 ****61.25 Principal Place of Business Mailing Address 12354 CAPRI CIR N C/O 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 59-3059083 Not Applicable Country_ -\$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LAMONT, SUE Street Address (P.O. Box Number is Not Acceptable) 250 104TH AVE TREASURE ISLAND FL 33706 Zip Code FL 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. (NOTE: Registered Agent signature required when reinstating) FILE NOW: 9. Election Campaign Financing Make Check Payable to \$5.00 May Be П FEE IS \$61.25 Trust Fund Contribution. Added to Fees **Department of State** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. TITLE Delete TITLE ☐ Addition KEMKER PAUL 12354 CAPRI CIRCLE N KEMKER, PAUL NAME NAME STREET ADDRESS 12354 CAPRI CIRCLE N STREET ADDRESS CITY-ST-ZIP TREASURE KLAND, FL 33706 TREASURE ISLAND FL CITY-ST-ZIP VN TITLE Delete TITLE **™** Addition PD ☐ Change MEEHAN, BILL NAME NAME KILROY, GARY 12130 CAPRI CIRCLE S. 12110 CAPRI CIRCLE S. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TREASURE ISLAND FL CITY-ST-ZIP TREASURE ISLAND, FL 33706 TITLE M Delete Addition TITLE ☐ Change MARATOS STANLEY BUNGARNER, DOUG NAME STREET ADDRESS 12206 2ND ST. E 12362 CAPRI CIRCLE N STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TREASURE ISLAND, FL 33706 TREASURE ISLAND FL 33706 ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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.