

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 743761

**Entity Name:** POINTE CAPRI ADULT CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

184 117TH AVE  
TREASURE ISLAND, FL 33706

**Current Mailing Address:**

C/O LAMONT MANAGEMENT, INC.  
250 104TH AVE  
TREASURE ISLAND, FL 33706 US

**FEI Number:** 59-1840145

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

LAMONT, SUE  
250 104TH AVE  
TREASURE ISLAND, FL 33706 US

*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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title S/T  
Name KUMMER, FRED  
Address C/O LAMONT MANAGEMENT, INC.  
250 104TH AVE  
City-State-Zip: TREASURE ISLAND FL 33706

Title P  
Name GILLEN, MARK  
Address C/O LAMONT MANAGEMENT, INC.  
250 104TH AVE  
City-State-Zip: TREASURE ISLAND FL 33706

Title VP  
Name PRICE, MARK  
Address C/O LAMONT MANAGEMENT, INC.  
250 104TH AVE  
City-State-Zip: TREASURE ISLAND FL 33706

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** MARK GILLEN

**PRESIDENT**

**02/09/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date