2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 754382

Entity Name: CAPRI COVE ADULT CONDOMINIUM ASSOCIATION, INC.

FILED
Jan 10, 2017
Secretary of State
CC6200099888

Current Principal Place of Business:

11700 CAPRI CIRCLE S. TREASURE ISLAND. FL 33706

Current Mailing Address:

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

FEI Number: 59-2049111 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LAMONT MANAGEMENT 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: STEPHANIE HENDRIX 01/10/2017

Electronic Signature of Registered Agent Date

Officer/Director Detail:

Title P Title VP

Name HOFFMAN, MICHAEL Name BOX, GWEN

Address C/O LAMONT MANAGEMENT, INC. Address C/O LAMONT MANAGEMENT, INC.

250 104TH AVENUE 250 104TH AVENUE

City-State-Zip: TREASURE ISLAND FL 33706 City-State-Zip: TREASURE ISLAND FL 33706

Title S/T Title DIRECTOR

Name RICHEY, JANET Name LORENZO, JAMES

Address C/O LAMONT MANAGEMENT, INC. Address C/O LAMONT MANAGEMENT, INC.

250 104TH AVENUE 250 104TH AVENUE

City-State-Zip: TREASURE ISLAND FL 33706 City-State-Zip: TREASURE ISLAND FL 33706

Title DIRECTOR

Name GAGNER, CHARLENE

Address C/O LAMONT MANAGEMENT, INC.

250 104TH AVENUE

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: MICHAEL HOFFMAN

Electronic Signature of Signing Officer/Director Detail

PRESIDENT

01/10/2017