**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**
**Jan 20, 2013**
**Secretary of State**
**CC5137078259**

DOCUMENT# N34085

**Entity Name:** CAPRI HARBOR MASTER ASSOCIATION, INC.

**Current Principal Place of Business:**

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

**Current Mailing Address:**

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

**FEI Number: 59-3059083**

**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 | VP | Title | PRESIDENT |
| Name | GORDON, ROBERT | Name | ARCENEAUX, MICHAEL |
| Address | C/O LAMONT MANAGEMENT, INC.<br>250-104TH AVENUE | Address | C/O LAMONT MANAGEMENT, INC.<br>250-104TH AVENUE |
| City-State-Zip: | TREASURE ISLAND FL 33706 | City-State-Zip: | TREASURE ISLAND FL 33706 |

| | |
|---|---|
| Title | SEC/TRE |
| Name | ROSALIA, JOHN |
| Address | C/O LAMONT MANAGEMENT, INC.<br>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 ARCENEAUX PRESIDENT 01/20/2013

Electronic Signature of Signing Officer/Director Detail — Date