2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 743457

Entity Name: CAPRI LAGOONS, UNIT I, INC.

FILED Apr 30, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

C/O LAMONT MANAGEMENT 12590 CAPRI CIR N

250 104TH AVE TREASURE ISLAND, FL 33706 US

TREASURE ISLAND, FL 337064846 US

New Mailing Address: Current Mailing Address:

C/O LAMONT MANAGEMENT P. O. BOX 7696

ST. PETERSBURG, FL 33734 250 104TH AVE US

TREASURE ISLAND, FL 337064846 US

FEI Number: 59-2060103 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

LAMONT, SUE CARUSO, GERALD M AGENT 250 104TH AVE. 1430 56TH AVENUE NORTH

TREASURE ISLAND, FL 33706 US US ST. PETERSBURG, FL 33703

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: GERALD M. CARUSO 04/30/2008

> Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change () Addition () Delete

CLANCY, PETER CLANCY, PETER Name: Name: 12584 CAPRI CIR N. Address: 12584 CAPRI CIR N. Address:

City-St-Zip: TREASURE ISLAND, FL 33706 City-St-Zip: TREASURE ISLAND, FL 33706

Title: TD Title: PD (X) Change () Addition () Delete BUREK, LINDA Name: BUREK, LINDA Name:

Address: 12590 CAPRI CIR N Address: 12590 CAPRI CIR N

City-St-Zip: TREASURE ISLAND, FL 33706 City-St-Zip: TREASURE ISLAND, FL 33706

Title: VD () Delete Title: (X) Change () Addition BEATTY, BEATRICE Name: CAROL, QUATKEMEYER Name:

12588 CAPRI CIR N 12586 CAPRI CIR N Address: Address:

City-St-Zip: TREASURE ISLAND, FL 33706 City-St-Zip: TREASURE ISLAND, FL 33706

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: GERALD M. CARUSO **AGT** 04/30/2008

Electronic Signature of Signing Officer or Director

Date