

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 743457

FILED
Apr 08, 2009
Secretary of State

Entity Name: CAPRI LAGOONS, UNIT I, INC.

Current Principal Place of Business:

12590 CAPRI CIR N
TREASURE ISLAND, FL 33706 US

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 7696
ST. PETERSBURG, FL 33734 US

New Mailing Address:

P. O. BOX 67211
ST. PETE BEACH, FL 33736 US

FEI Number: 59-2060103

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CARUSO, GERALD M AGENT
1430 56TH AVENUE NORTH
ST. PETERSBURG, FL 33703 US

Name and Address of New Registered Agent:

A. J. AUDET, AUDET AGENT
111 108TH 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: A. J. AUDET

04/08/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: SD () Delete
Name: CLANCY, PETER
Address: 12584 CAPRI CIR N.
City-St-Zip: TREASURE ISLAND, FL 33706

Title: PD () Delete
Name: BUREK, LINDA
Address: 12590 CAPRI CIR N
City-St-Zip: TREASURE ISLAND, FL 33706

Title: TD (X) Delete
Name: CAROL, QUATKEMEYER
Address: 12586 CAPRI CIR N
City-St-Zip: TREASURE ISLAND, FL 33706

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: BUREK, LINDA
Address: 12590 CAPRI CIR N.
City-St-Zip: TREASURE ISLAND, FL 33706

Title: TD (X) Change () Addition
Name: QUATKEMEYER, CAROL
Address: 12586 CAPRI CIR N
City-St-Zip: TREASURE ISLAND, FL 33706

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: A. J. AUDET

RA

04/08/2009

Electronic Signature of Signing Officer or Director

Date