


FILED
Jan 11, 2008 8:00 am
Secretary of State

4000-

DOCUMENT # 744970 1. Entity Name CAPRI LAGOONS, UNIT II, INC.				Secretary of State 01-11-2008 90031 030 ****61.25	
Principal Place of Business 12572 CAPRI CIRCLE N TREASURE ISLAND FL TREASURE ISLAND, FL 33714		Mailing Address LAMONT MANAGEMENT 250 104TH AVE TREASURE ISLAND, FL 33706			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2060101	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LAMONT, SUE 250 104TH AVE TREASURE ISLAND, FL 33706				7. Name and Address of New Registered Agent	
				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS					
TITLE	VD	<input type="checkbox"/> Delete			
NAME	LORD, PETER				
STREET ADDRESS	12574 CAPRI CIR N.				
CITY- ST- ZIP	SAINT PETERSBURG, FL 33706				
TITLE	PD	<input type="checkbox"/> Delete			
NAME	WADSWORTH, NADINE				
STREET ADDRESS	12572 CAPRI CIRCLE N				
CITY- ST- ZIP	TREASURE ISLAND, FL 33706				
TITLE	STD	<input type="checkbox"/> Delete			
NAME	HUGHES, TERRY				
STREET ADDRESS	12568 CAPRI CIRCLE N				
CITY- ST- ZIP	TREASURE ISLAND, FL 33706				
TITLE		<input type="checkbox"/> Delete			
NAME					
STREET ADDRESS					
CITY- ST- ZIP					
TITLE		<input type="checkbox"/> Delete			
NAME					
STREET ADDRESS					
CITY- ST- ZIP					
TITLE		<input type="checkbox"/> Delete			
NAME					
STREET ADDRESS					
CITY- ST- ZIP					
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME					
STREET ADDRESS					
CITY- ST- ZIP					
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME					
STREET ADDRESS					
CITY- ST- ZIP					
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME					
STREET ADDRESS					
CITY- ST- ZIP					
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME					
STREET ADDRESS					
CITY- ST- ZIP					
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Nadine Wadsworth</u> NADINE WADSWORTH 1/8/08 727-360-0942					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					