## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # 744971

(3)

CAPRI LAGOONS, UNIT III, INC.

Principal Prace of Business Mailing Address										1130111 (3011 44		41 41417 874		110 41211 1207	
	) 104TH AVE. EASURE ISLAI	ND FL 33706	250 104TH AVE. TREASURE ISLAND FL 3370	io 104th ave. Reasure Island FL 33706-4846											
										3. Date Incorporate 11/16/197	d or Qualified 8	3a. D	ate of Last Ro 03/08/199	eport 16	
2. Principal Place of Business				2a. Mailing Address					4. FEI Number 59-2060099			<del></del>	plied For t Applicable		
21	Suite, Apt. #, etc.			Suite, Apt. #, etc.							· 🗆	\$8.75			
22	<del></del>			27					5. Certificate of Sta	tus Desired	<u> </u>	Fee Re	quired		
	City & State	!		City & State					6. Election Campai	• -		\$5.00			
23	Zip		Country	Zip	Zip Country					Trust Fund Cont  8. 'This corporation			Added t		
24	1		25	·············	30		•			Florida Statutes		Yes 4			
		t Registered Agent						10. Name and Add	ress of New Re	glatered	Agent				
						81	יווי	Name		•					
	LAMONT,				82 Street Ad				Address	dress (P.O. Box Number is Not Acceptable)					
250 104TH AVE. Treasure Island FL 33706					83	╫									
	INEASUR	IL IODAIND	1 E 30700	•		64	۱.,	C:b:					. 85 Zip (	Code	
							1	City			•	FL	_   1		
	<ol> <li>Pursuant to office or reagent. Far</li> </ol>	o the provis egistered ag n familiar w	ions of Sections 617.050 gent, or both, in the State ith, and accept the obliga	2 and 617.1508, Florida Statute of Florida. Such change was a ations of, Section 617.0503, Flo	es, th autho orida	ne abov orized b Statute	ve-r bytl ∋s	named o he corp	corpore poration	ation submits this sta i's board of directors	itement for the p . I hereby accep		of changing It pointment as	s registered registered	
		Signature typeo	or printed name of registered age				gent	signature :	required v	when reinstating) ADDITIONS/CHA	NOTO TO OFFI	DATE	D DIRECTOR	E INI 12	
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1	4 Ldo boro	by certify th	at the information supplie	d with this filing does not quali	ily fo	r the ex	æm	nation s	tated in	Section 119.07(3)(i	), Florida Statute	s.   lurth	er certify that	the	
	Laman o	fficer or dire	ector of the corporation o	supplemental annual report is to the receiver or trustee empower or on an attachment with an add	verec	d to exe	ouri Ouri	ate and te this r	eport a	ny arginatura shari nav as required by Chap	ter 617, Florida	Statutes;	and that my	name	

**SIGNATURE:** 

ATURE AND TYPED OR PRINTED NAME OF TOONING OFFICER OR DIRECTOR

3 60 - 36 44 Daytime Phone \* 0050296

FILED

Apr 09 1997 8:00am

Secretary of State

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