**NONPROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS** 

1999 **DOCUMENT # 744971** 

1. Corporation Name

CAPRI LAGOONS, UNIT III, INC.

Country

9. Name and Address of Current Registered Agent

25

Principal Place of Business

Mailing Address

250 104TH AVE. TREASURE ISLAND FL 33706

2. Principal Place of Business

Suite; Apt. #, etc.

City & State

LAMONT SHE

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23

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Zip

250 104TH AVE.

2a. Mailing Address

City & State

Suite, Apt. #, etc.

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Zip

TREASURE ISLAND FL 33706

## **FILED** Mar 24, 1999 8:00 am § Secretary of State

03-24-1999 90074 016 \*\*\*\*61.25

3. Date Incorporated or Qualifed						
11/16/1978						
4. FEI Number	Applied For					

59-2060099

Street Address (P.O. Box Number is Not Acceptable)

5. Certifcate of Status Desired

6. Election Campaign Financing

10. Name and Address of New Registered Agent

Trust Fund Contribution

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		83						
E ISLAND FL 33706		**						
•		84	City		85 Zip	Code		
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.								
<u></u>								
Signature, typed or printed name in registered again and the in applicable.								
OTTOLIO MILE SITE OTTO				ADDITIONS/CHANGES TO OFFICERS AF				
PD	☐ DELETE	1.1 TITLE			L] Change	☐ Addition		
THOMPSON, ROSEMARY		1.2 NAME						
12548 CAPRI CIRCLE N.		1.3 STREET	ADDRESS			i		
TREASURE ISLAND FL		1.4 CITY-S1	r-ZIP	·				
	☐ DELETE	2.1 TITLE			Change	☐ Addition		
VERNOTZY, JOAN		2.2 NAME		•				
•		2.3 STREET	ADDRESS					
	÷	2.4 CITY-S	T-ZIP	<u></u>				
	☐ DELETE	3.1 TITLE		VD	Change	☐ Addition		
		3.2 NAME		MAY KIN CAROL				
		3.3 STREET	ADDRESS	12546 CAPRI CIRCLEN				
		3.4. CITY- S	T-ZIP	TREASURE ISLAND FL				
	☐ DELETE	4.1 TITLE			Change	☐ Addition		
		4. 2 NAME						
!		4.3 STREET	ADDRESS					
		4.4 CITY-S1	r-zip					
	☐ DELETE	5.1 TITLE			Change	☐ Addition		
		5.2 NAME						
		5.3 STREET	ADDRESS					
		5.4 CITY-S1	r-zip					
	☐ DELETE	6.1 TITLE		•	Change	☐ Addition		
		6.2 NAME						
		6.3 STREET	ADDRESS					
		6.4 CITY-S1	r-ZIP					
	egistered agent, or both, in the State of Florida in familiar with, and accept the obligations of, s  Signature, typed or printed name of registered agent and title if  OFFICERS AND DIRECT  PD  THOMPSON, ROSEMARY	to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, egistered agent, or both, in the State of Florida. Such change was auth m familiar with, and accept the obligations of, Section 617.0503, Florida Signature, typed or printed name of registered agent and title if applicable.  OFFICERS AND DIRECTORS  PD THOMPSON, ROSEMARY 12548 CAPRI CIRCLE N. TREASURE ISLAND FL  STD UELETE  VERNOTZY, JOAN 12552 CAPRI CIR N TREASURE IS, FL FL 33706  VD MACKIN, CAROL 12546 CARPII CIRCLE N. TREASURE ISLAND FL  DELETE  DELETE	A AVE. E ISLAND FL 33706  83 84  10 the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above egistered agent, or both, in the State of Florida. Such change was authorized by m familiar with, and accept the obligations of, Section 617.0503, Florida Statutes    Signeture, typed or printed name of registered agent and title if applicable.	A AVE. E ISLAND FL 33706  B3  B4 City  to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named egistered agent, or both, in the State of Florida. Such change was authorized by the corp of familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.    Signeture, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent agrinture)    OFFICERS AND DIRECTORS	A VE. E ISLAND FL 33706  83  84 City FL  to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of egistered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. I hereby accept the appoint familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.  Signature, typed or privated name of registered agent and site if applicable.  OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  11.1 TILE 1.2 NAME 1.2 NAME 1.2 NAME 1.2 STREET ADDRESS 1.3 STREET ADDRESS 1.3 STREET ADDRESS 1.4 CITY-ST-2P  VD  MACKIN, CAROL 1.2 SAME 1.2 SAME 1.2 SAME 1.2 SAME 1.3 STREET ADDRESS 1.3 STREET ADDRESS 1.4 CITY-ST-2P  DELETE 1.1 TILE 2.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-2P  DELETE 5.1 TILE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-2P  DELETE 5.1 TILE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-2P  DELETE 5.1 TILE 5.2 NAME 6.3 STREET ADDRESS 5.4 CITY-ST-2P  DELETE 5.1 TILE 5.2 NAME 6.3 STREET ADDRESS 5.4 CITY-ST-2P  DELETE 5.1 TILE 5.2 NAME 6.3 STREET ADDRESS 5.4 CITY-ST-2P  DELETE 5.1 TILE 5.2 NAME 6.3 STREET ADDRESS 5.4 CITY-ST-2P  DELETE 5.1 TILE 5.2 NAME 6.3 STREET ADDRESS	## AVE. ## E ISLAND FL 33706  ## City		

Country

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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Not Applicable

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees