

FILE NOW: FILING FEE IS \$61.25

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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 744971

1. Corporation Name
CAPRI LAGOONS, UNIT III, INC.

Principal Place of Business 250 104TH AVE. TREASURE ISLAND FL 33706	Mailing Address 250 104TH AVE. TREASURE ISLAND FL 33706
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21 Principal Place of Business Suite, Apt. #, etc. City & State Zip Country	22 Mailing Address Suite, Apt. #, etc. City & State Zip Country	23 Date incorporated or Qualified 11/16/1978	24 FEI Number 59-2060099	Applied For Not Applicable
25 Certificate of Status Desired <input type="checkbox"/>	26 Election Campaign Financing <input type="checkbox"/>	27 Trust Fund Contribution <input type="checkbox"/>	\$8.75 Additional Fee Required \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent LAMONT, SUE 250 104TH AVE. TREASURE ISLAND FL 33706		10. Name and Address of New Registered Agent		
81 Name	82 Street Address (P.O. Box Number is Not Acceptable)	83	84 City	85 Zip Code
			FL	

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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD THOMPSON, ROSEMARY	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	12548 CAPRI CIRCLE N.	1.2 NAME	
STREET ADDRESS	TREASURE ISLAND FL	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	STD VERNOTZY, JOAN	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	12552 CAPRI CIR N	2.2 NAME	
STREET ADDRESS	TREASURE IS, FL FL 33706	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	VD MACKIN, CAROL	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	12546 CAPRI CIRCLE N.	3.2 NAME	MACKIN, CAROL
STREET ADDRESS	TREASURE ISLAND FL	3.3 STREET ADDRESS	12546 CAPRI CIRCLE N
CITY-ST-ZIP		3.4 CITY-ST-ZIP	TREASURE ISLAND FL
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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: Rosemary O. Thompson SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 DATE: 2/3/99 DATE
 DAYTIME PHONE: 7273604614 DAYTIME PHONE #

CR2F037 (11/98)