


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90293 029 ****61.25

DOCUMENT # 744971					
1. Entity 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		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt., #, etc.		Suite, Apt., #, etc.		02222005 Chg-NP CR2E037 (10/03)	
City & State		City & State		4. FEI Number 59-2060099	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
LAMONT, SUE 250 104TH AVE. TREASURE ISLAND, FL 33706			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		FL
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61:25 Due by May 1, 2005		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				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	STD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMPSON, BOB			NAME	
STREET ADDRESS	12548 CAPRI CIRCLE N.			STREET ADDRESS	
CITY-ST-ZIP	TREASURE ISLAND, FL 33706			CITY-ST-ZIP	
TITLE	PD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VERNOTZY, JOAN			NAME	
STREET ADDRESS	12552 CAPRI CIR N			STREET ADDRESS	
CITY-ST-ZIP	TREASURE IS, FL, FL 33706			CITY-ST-ZIP	
TITLE	VD	<input checked="" type="checkbox"/> Delete		TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MALKIN, CAROL			NAME	VD SHRADEA, BREEN
STREET ADDRESS	12546 CAPRI CIRCLE N			STREET ADDRESS	12554 CAPRI CIRCLE N.
CITY-ST-ZIP	TREASURE ISLAND, FL 33706			CITY-ST-ZIP	TREASURE ISLAND, FL 33706
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
12. 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 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: <i>Joan A. Vernotzy</i>				Date: 4/15/05	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone #: 727-360-5895	