

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 744971

FILED  
Mar 01, 2011  
Secretary of State

**Entity Name:** CAPRI LAGOONS, UNIT III, INC.

**Current Principal Place of Business:**

250 104TH AVE.  
TREASURE ISLAND, FL 33706

**New Principal Place of Business:**

**Current Mailing Address:**

250 104TH AVE.  
TREASURE ISLAND, FL 33706

**New Mailing Address:**

FEI Number: 59-2060099

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

LAMONT, SUE  
250 104TH AVE.  
TREASURE ISLAND, FL 33706 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: STD  
Name: THOMPSON, BOB  
Address: 12548 CAPRI CIRCLE N.  
City-St-Zip: TREASURE ISLAND, FL 33706

Title: PD  
Name: VERNOTZY, JOAN  
Address: 12552 CAPRI CIR N  
City-St-Zip: TREASURE IS, FL, FL 33706

Title: VD  
Name: SHRADER, BREEN  
Address: 12554 CAPRI CIR. N.  
City-St-Zip: TREASURE ISLAND, FL 33706

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: BOB THOMPSON

STD

03/01/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date