

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 746192

FILED
Jan 22, 2009
Secretary of State

Entity Name: CAPRI LAGOONS UNIT V, INC.

Current Principal Place of Business:

8041 BLIND PASS RD
SAINT PETERSBURG, FL 33706

New Principal Place of Business:

Current Mailing Address:

8041 BLIND PASS RD
SAINT PETERSBURG, FL 33706

New Mailing Address:

FEI Number: 59-2060092 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RESOP, JUDITH A
8041 BLIND PASS ROAD
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: P () Delete
Name: GRAY, RICHARD
Address: 12460 CAPRI CIRCLE NORTH
City-St-Zip: TREASURE ISLAND, FL 33706

Title: VPD () Delete
Name: LUCAS, PATRICIA
Address: 12466 CAPRI CIRCLE NORTH
City-St-Zip: TREASURE ISLAND, FL 33706

Title: ST () Delete
Name: AUKEMAN, NANCY
Address: 12456 CAPRI CIRCLE NORTH
City-St-Zip: TREASURE ISLAND, FL 33706

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: LUCAS, PATRICIA
Address: 12466 CAPRI CIRCLE NORTH
City-St-Zip: TREASURE ISLAND, FL 33706

Title: VPD (X) Change () Addition
Name: GRAY, RICHARD
Address: 12460 CAPRI CIRCLE NORTH
City-St-Zip: TREASURE ISLAND, FL 33706

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: JUDITH A RESOP

_____ Electronic Signature of Signing Officer or Director

PMAN

01/22/2009

_____ Date