

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 746192

FILED  
Feb 26, 2010  
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: PRES  
Name: LUCAS, PATRICIA  
Address: 12466 CAPRI CIRCLE NORTH  
City-St-Zip: TREASURE ISLAND, FL 33706

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

Title: ST  
Name: AUKEMAN, NANCY  
Address: 12456 CAPRI CIRCLE NORTH  
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: PATRICIA LUCAS

PRES

02/26/2010

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

\_\_\_\_\_  
Date