

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 746193

FILED  
Mar 12, 2010  
Secretary of State

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

**Current Principal Place of Business:**

12476 CAPRI CIRCLE N.  
TREASURE ISLAND, FL 33706 US

**New Principal Place of Business:**

**Current Mailing Address:**

CAPRI 4 C/O LAMONT MGNT  
250 104TH AVENUE  
TREASURE ISLAND, FL 33706 US

**New Mailing Address:**

**FEI Number:** 59-2060098

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

LAMONT, SUE  
C/O LAMONT MANAGEMENT  
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: PD  
Name: PARKER, MILLIE  
Address: 12476 CAPRI CIR N  
City-St-Zip: TREASURE ISLAND, FL

Title: VSD  
Name: HALL, WILLIAM  
Address: 12480 CAPRI CIRCLE N.  
City-St-Zip: TREASURE ISLAND, FL 33706

Title: T  
Name: HILL, ERIN  
Address: 12486 CAPRI CIRCLE 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: WILLIAM HALL

VSD

03/12/2010

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

\_\_\_\_\_  
Date