

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT # 746867**

1. Entity Name  
**CAPRI LANDINGS CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business

**11795 3RD ST. E.  
TREASURE ISLAND, FL 33706-4515 US**

Mailing Address

**11815 3RD STE.  
TREASURE ISLAND, FL 33706-4515 US**

**FILED**  
**Apr 21, 2004 08:00 AM**  
**Secretary of State**



04182004 No Chg-NP CR2E037 (10/03)

4. FEI Number  
**59-2000369**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent

**BAIN, MICHELLE  
11805 3RD ST E  
TREASURE ISLAND, FL 33706**

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25  
Due by May 1, 2004

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

U00000122402  
04/21/04-80027-018 61.25

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**TS  
BAIN, MICHELLE  
11815 3RD ST EAST  
TREASURE ISLAND, FL 33706**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
BENSON, PHILIP  
11855 3RD ST EAST  
TREASURE ISLAND, FL 33706**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**V  
LASNEWSKI, CHUCK  
11805 3RD ST EAST  
TREASURE ISLAND, FL 33706**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
STEPHENS, GARY  
11785 3RD ST. EAST  
SAINT PETERSBURG, FL 33706**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**P  
OSTRANDER, JIM  
11795 3RD ST EAST  
TREASURE ISLAND, FL 33706**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Michelle T. Bain*

4-15-04

727-244-5112

Michelle T. Bain - Secretary