

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 746867

FILED
Feb 18, 2009
Secretary of State

Entity Name: CAPRI LANDINGS CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

11785 3RD ST. E.
TREASURE ISLAND, FL 337064515 US

New Principal Place of Business:

Current Mailing Address:

11785 3RD ST. E.
TREASURE ISLAND, FL 337064515 US

New Mailing Address:

FEI Number: 59-2000369

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STEPHENS, MARILYN S
11785 3RD ST E
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: VP () Delete
Name: BAIN, MICHELLE
Address: 11815 3RD ST EAST
City-St-Zip: TREASURE ISLAND, FL 33706

Title: D () Delete
Name: BENSON, PHILIP
Address: 11855 3RD ST EAST
City-St-Zip: TREASURE ISLAND, FL 33706

Title: D () Delete
Name: JOHNSON, JULIAN
Address: 11835 3RD ST EAST
City-St-Zip: TREASURE ISLAND, FL 33706

Title: T/S () Delete
Name: STEPHENS, MARILYN
Address: 11785 3RD ST. EAST
City-St-Zip: TREASURE ISLAND, FL 33706

Title: P () Delete
Name: OSTRANDER, JIM
Address: 11795 3RD ST EAST
City-St-Zip: TREASURE ISLAND, FL 33706

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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: MARILYN STEPHENS

T/S

02/18/2009

Electronic Signature of Signing Officer or Director

Date