

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 10, 2003 8:00 am**  
**Secretary of State**

04-10-2003 90167 045 \*\*\*\*61.25

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

**30081606**



☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

**11815 3rd St E**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State  
**Treasure Island, FL**

4. FEI Number **59-2000369**

Applied For

Not Applicable

Zip

Country

Zip

Country

**33706**

**USA**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

*Michelle R*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution ☐

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

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	TS	<input type="checkbox"/> Delete
NAME	BAIN, MICHELLE	
STREET ADDRESS	11815 3RD ST EAST	
CITY-ST-ZIP	TREASURE ISLAND FL 33706	
TITLE	D	<input type="checkbox"/> Delete
NAME	BENSON, PHILIP	
STREET ADDRESS	11855 3RD ST EAST	
CITY-ST-ZIP	TREASURE ISLAND FL 33706	
TITLE	D	<input type="checkbox"/> Delete
NAME	LASNEWSKI, CHUCK	
STREET ADDRESS	11805 3RD ST EAST	
CITY-ST-ZIP	TREASURE ISLAND FL 33706	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	GILMORE, BOB	
STREET ADDRESS	11775 3RD ST EAST	
CITY-ST-ZIP	TREASURE ISLAND FL 33706	
TITLE	D	<input type="checkbox"/> Delete
NAME	OSTRANDER, JIM	
STREET ADDRESS	11795 3RD ST EAST	
CITY-ST-ZIP	TREASURE ISLAND FL 33706	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Lasnewski, Chuck	
STREET ADDRESS	11805 3rd St East	
CITY-ST-ZIP	Treasure Island, FL 33706	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Gary Stephens	
STREET ADDRESS	11785 3rd St East	
CITY-ST-ZIP	Treasure Island, FL 33706	
TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Ostrander, Jim	
STREET ADDRESS	11795 3rd St East	
CITY-ST-ZIP	Treasure Island, FL 33706	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: MICHELLE BAIN*

4-7-2003 727-244-5112

CR2E037 (10/02)