


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 22, 2007 8:00 am
Secretary of State

02-22-2007 90007 012 ****61.25

DOCUMENT # 749377 1. Entity Name CAPRI LAGOONS, UNIT VII, INC.					
Principal Place of Business 505 CAPRI BLVD. TREASURE ISLAND, FL 33706			Mailing Address 250-104TH AVE TREASURE ISLAND, FL 33706		
2. Principal Place of Business - No P.O. Box # 12416 CAPRI CIRCLE N.		3. Mailing Address 250 104TH AVE -			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State TREASURE ISLAND, FL		City & State TREASURE ISLAND, FL		4. FEI Number 59-2090383	
Zip 33706		Country FLORIDA		Applied For Not Applicable	
Zip 33706		Country PINELLAS		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent TOMCZAK, DOLORES P. 250-104TH AVE TREASURE ISLAND, FL 33706				7. Name and Address of New Registered Agent Name SUE LAMONT Street Address (P.O. Box Number is Not Acceptable) 250 104TH AVE. City TREASURE ISLAND FL Zip Code 33706	
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 <u><i>Sue Lamont</i></u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE <u>2/19/07</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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 NAME STREET ADDRESS CITY-ST-ZIP	PD MERRICK, JEAN <input checked="" type="checkbox"/> Delete 12426 CAPRI CIR. NORTH TREASURE ISLAND, FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Phil MCHENRY 1135 PASADENA AVE. S. # 327B ST. PETERSBURG, FL 33707	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD <input type="checkbox"/> Delete WHITEHURST, CONNIE 12422 CAPRI CIR N TREASURE ISLAND, FL 33706		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST <input type="checkbox"/> Delete SALATA, EDMUND J 12416 CAPE CIRCLE N TREASURE ISLAND, FL 33706		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SALATA, ED <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 12416 CAPRI CIRCLE N	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 another the empowered.					
SIGNATURE: <u><i>Stella Whitehurst</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
Date _____ Daytime Phone # _____					