

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 750964

FILED  
Mar 16, 2010  
Secretary of State

**Entity Name:** CLUB CAPRI CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

175 116TH AVE  
TREASURE ISLAND, FL 33706

**New Principal Place of Business:**

**Current Mailing Address:**

250 104TH AVENUE  
TREASURE ISLAND, FL 33706

**New Mailing Address:**

FEI Number: 59-2073636

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

LAMONT MANAGEMENT INC  
250 104TH AVENUE  
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: P  
Name: PETIX, GUY  
Address: 175 116TH AVE #303  
City-St-Zip: TREASURE ISLAND, FL 33706

Title: VP  
Name: THOMAS, VERNON  
Address: 175 116TH AVE #302  
City-St-Zip: TREASURE ISLAND, FL 33706

Title: S/T  
Name: SCULLY, ROBERT  
Address: 175 116TH AVE. #206  
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: GUY PETIX

P

03/16/2010

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

\_\_\_\_\_ Date