2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 06, 2009
Secretary of State

DOCUMENT# 754382

Entity Name: CAPRI COVE ADULT CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

11700 CAPRI CIRCLE S.
TREASURE ISLAND, FL 33706

New Principal Place of Business:

Current Mailing Address:

C/O SUE LAMONT
250-104TH AVE.
TREASURE ISLAND, FL 33706 US

New Mailing Address:

FEI Number: 59-2049111 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LAMONT, SUE E
250 104TH AVE.
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: PD ( ) Delete
Name: BOX, WINN
Address: 11700 CAPRI CIRCLES S #5
City-St-Zip: TREASURE ISLAND, FL 33706

Title: VD ( ) Delete
Name: LORENZ, JAMES
Address: 46 WILSHIRE DRIVE
City-St-Zip: TINTON FALLS, NJ 077242834

Title: STD ( ) Delete
Name: TORPEY, LAWRENCE
Address: 4721 TREMONT AVE
City-St-Zip: TREVOSE, PA 19053

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:

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: WINN BOX PD 01/06/2009

Electronic Signature of Signing Officer or Director — Date