

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 754382

FILED
Mar 19, 2010
Secretary of State

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: VP
Name: BOX, WINN
Address: 11700 CAPRI CIRCLES S #5
City-St-Zip: TREASURE ISLAND, FL 33706

Title: T
Name: TORPEY, LAWRENCE
Address: 11700 CAPRI CIRCLE SOUTH #6
City-St-Zip: TREASURE ISLAND, FL 33706

Title: P
Name: GAGNER, DANIEL
Address: 7470 NORMANDY CT.
City-St-Zip: SEMINOLE, FL 33772

Title: S
Name: ANSEEUW, J.
Address: 7020 PELICAN ISLAND DRIVE
City-St-Zip: TAMPA, FL 33634

Title: D
Name: RICHEY, JANET
Address: 11700 CAPRI CIRCLE SOUTH #10
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: WINN BOX

VP

03/19/2010

Electronic Signature of Signing Officer or Director

Date