# FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 APR -6 AM 6:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **754541** **(1)**

1. Corporation Name
**CAPRI LAGOONS CLUB CONDOMINIUM ASSOCIATION, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 250 104TH AVE.<br>TREASURE ISLAND FL 33706 | 250 104TH AVE.<br>TREASURE ISLAND FL 33706 |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/08/1980
3a. Date of Last Report: 02/21/1994
4. FEI Number: 59-2174859 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business (21): Suite, Apt. #, etc. (22): City & State (23): Zip (24) Country (25)

2a. Mailing Address (26): Suite, Apt. #, etc. (27): City & State (28): Zip (29) Country (30)

**9. Name and Address of Current Registered Agent**

LAMONT, SUE
250 104TH AVE.
TREASURE ISLAND FL 33705

**10. Name and Address of New Registered Agent**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|
| TITLE | P | 1.1 TITLE | P/D | ☒ Change ☐ Addition |
| NAME | SEDAM, WALLY | 1.2 NAME | SEDAM, WALLY | |
| STREET ADDRESS | 12500 CAPRI CIR NO #202 | 1.3 STREET ADDRESS | 12500 CAPRI CIRCLE, NO #202 | |
| CITY-ST-ZIP | TREASURE ISLD FL | 1.4 CITY-ST-ZIP | TREASURE ISLAND, FL 33706 | |
| TITLE | T | 2.1 TITLE | | ☒ Change ☐ Addition |
| NAME | STRACHAN, DWIGHT | 2.2 NAME | | |
| STREET ADDRESS | 12500 CAPRI CIR NO #305 | 2.3 STREET ADDRESS | | |
| CITY-ST-ZIP | TREASURE ISLD FL | 2.4 CITY-ST-ZIP | | |
| TITLE | V | 3.1 TITLE | V/D | ☒ Change ☐ Addition |
| NAME | MICK, PHILIP | 3.2 NAME | MICK PHILIP | |
| STREET ADDRESS | 12500 CAPRI CIR NO #406 | 3.3 STREET ADDRESS | 12500 CAPRI CIRCLE NO #406 | |
| CITY-ST-ZIP | TREASURE ISLD FL | 3.4 CITY-ST-ZIP | TREASURE ISLD, FL 33706 | |
| TITLE | | 4.1 TITLE | D | ☐ Change ☒ Addition |
| NAME | | 4.2 NAME | WEIR BECKON | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | 12500 CAPRI CIRCLE, N #401 | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | TREASURE ISLAND FL 33706 | |
| TITLE | | 5.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | 5.2 NAME | | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | | |
| TITLE | | 6.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | 6.2 NAME | | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | | |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

**SIGNATURE:** Wallace L. Sedam Secretary 3-20-95 (813)360-1002
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

001481P