

FILE NOW: FILING FEE IS \$61.25

FILED

May 13 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONSDOCUMENT # 754541 (1)
1. Corporation Name
CAPRI LAGOONS CLUB CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

13030 GULF BLVD
MADERIA BEACH FL 33708
US13030 GULF BLVD
MADEIRA BEACH FL 33708-2639
US3. Date Incorporated or Qualified
10/08/19803a. Date of Last Report
05/01/1996

2. Principal Place of Business

2a. Mailing Address

21 12500 CAPRI Circle NO
Suite, Apt. #, etc.26 12500 CAPRI Circle NO
Suite, Apt. #, etc.

4. FEI Number

59-2174859

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes☒ Yes☐ No

22 City & State

27 City & State

23 Treasure Island FL
Zip Country USA28 Treasure Island FL
Zip Country USA

24 33706 25 Pinellas

29 33706 30 Pinellas

g. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MOORE, DOREEN
13030 GULF BLVD
MADEIRA BEACH FL 3370881 Name Alicia Ten Eyck
82 Street Address (P.O. Box Number is Not Acceptable)
FIRST FC ACCOUNTING SERVICES, INC
83 4020 PARK ST N. STE 201-A
84 City ST PETERSBURG FL 85 Zip Code 33709

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE VPD
NAME SEDAM, WALLY
STREET ADDRESS 12500 CAPRI CIR NO #202
CITY-ST-ZIP TREASURE ISLD FL1.1 TITLE PD
1.2 NAME WELB BECKON
1.3 STREET ADDRESS 12500 CAPRI Circle NO #408
1.4 CITY-ST-ZIP TREASURE ISLAND FL 33706TITLE PD
NAME LADATO, GERRI
STREET ADDRESS 12500 CAPRI CIRCLE NORTH #206
CITY-ST-ZIP TREASURE ISLD FL2.1 TITLE VPD
2.2 NAME Wally Sedam
2.3 STREET ADDRESS 900 Gulf Blvd #805
2.4 CITY-ST-ZIP Indian Rk Bch, FL 334635TITLE STD
NAME BOWERS, JEAN
STREET ADDRESS 12500 CAPRI CIR NO #408
CITY-ST-ZIP TREASURE ISLD FL3.1 TITLE STD
3.2 NAME JEFF Anderson
3.3 STREET ADDRESS 12500 CAPRI Circle No #207
3.4 CITY-ST-ZIP Treasure Island FL 33706TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIPTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIPTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0050456

CR2E037 (9/96)