

FILE NOW: FILING FEE IS \$61.25

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Mar 24 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **754541** (1)
1. Corporation Name
CAPRI LAGOONS CLUB CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business 12500 CAPRI CIRCLE N. TREASURE ISLAND FL 33706 US	Mailing Address 12500 CAPRI CIRCLE N. TREASURE ISLAND FL 33706 US
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified 10/08/1980	4. FEI Number 59-2174859	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**TENEYCK, ALICIA
%FIRST FL ACCOUNTING SERVICES, INC.
4020 PARK ST N., STE 201-A
ST. PETERSBURG FL 33709**

31 Name	32 Street Address (P.O. Box Number is Not Acceptable)	33	34 City	35 FL	36 Zip Code
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD
NAME	BECKON, WEIR	1.2 NAME	PAUL M. SHIELDS
STREET ADDRESS	12500 CAPRI CIRCLE N., #408	1.3 STREET ADDRESS	12500 CAPRI CIRCLE N. #305
CITY-ST-ZIP	TREASURE ISLAND FL	1.4 CITY-ST-ZIP	TREASURE ISLAND FL 33706
TITLE	VPD	2.1 TITLE	ROBERT M. MALSICK
NAME	SEDAM, WALLY	2.2 NAME	12500 CAPRI CIRCLE N. #301
STREET ADDRESS	900 GULF BLVD., #305	2.3 STREET ADDRESS	TREASURE ISLAND FL 33706
CITY-ST-ZIP	INDIAN RIVER BEACH FL	2.4 CITY-ST-ZIP	33706
TITLE	STD	3.1 TITLE	STD
NAME	ANDERSON, JEFF	3.2 NAME	WEIR BECKON
STREET ADDRESS	12500 CAPRI CIRCLE N., #207	3.3 STREET ADDRESS	12500 CAPRI CIRCLE N. #408
CITY-ST-ZIP	TREASURE ISLAND FL	3.4 CITY-ST-ZIP	TREASURE ISLAND FL 33706
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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:

Paul Michael Shields

Feb. 4, 98

CR2E037 (10/97)