

2000 UNIFORM BUSINESS REPORT (UBR)

5/4

DOCUMENT # 754541

1. Entity Name

CAPRI LAGOONS CLUB CONDOMINIUM ASSOCIATION, INC.

FILED
May 31, 2000 8:00 am
Secretary of State

05-05-2000 90052 010 ****61.25

Principal Place of Business

Mailing Address

12500 CAPRI CIRCLE N.
TREASURE ISLAND FL 33706
US

12500 CAPRI CIRCLE N.
TREASURE ISLAND FL 33706-4993
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LODATO, GERI
12500 CAPRI CIRCLE NORTH #206
TREASURE ISLAND FL 33706

Name: COOKE, Elizabeth H
Street Address (P.O. Box Number is Not Acceptable): c/o COOKE Property Management Inc.
4130 16 Street N Ste E
City: St Petersburg FL Zip Code: 33703

8. 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

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

(NOTE: Registered Agent signature required when reinstating)

4/24/00
2/8/2002
DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LODATO, GERI 12500 CAPRI CIRCLE NORTH #206 TREASURE ISLAND FL 33706	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD STRACAN, DWIGHT 12500 CAPRI CIRCLE NORTH #306 TREASURE ISLAND FL 33706	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR SMITH, SCOTT 12500 CAPRI CIRCLE NORTH #407 TREASURE ISLAND FL 33706	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES DIRECTOR MARK PALMATEER #208 12500 CAPRI CIRCLE NO TREASURE ISL. FL. 33706	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC. DIRECTOR BILL HOSSETT # Ronald Little 12500 CAPRI CIRCLE NO #306 TREASURE ISLAND FL 33706	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRES DIRECTOR BOB MOSDALE #12500 CAPRI CIRCLE NO TREASURE ISLAND FL. 33706	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/00 (727) 528-2338
Date Daytime Phone #

CR2E037 (9/99)