

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 20, 2002 8:00 am
Secretary of State

007972

DOCUMENT # 754541

1. Entity Name

CAPRI LAGOONS CLUB CONDOMINIUM ASSOCIATION, INC.

03-20-2002 90042 011 ****61.25

Principal Place of Business

12500 CAPRI CIRCLE N.
 TREASURE ISLAND FL 33706
 US

Mailing Address

~~4130 16TH STREET N~~
~~SUITE E~~
~~SAINT PETERSBURG FL 33703~~
~~US~~

2. Principal Place of Business

3. Mailing Address

13017 Park Blvd N

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Seminole

Zip

Country

Zip

Country

33776

4. FEI Number

59-2174859

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

~~COOKE, ELIZABETH~~
~~4130 16 STREET N~~
~~STE E~~
~~SAINT PETERSBURG FL 33703~~

Name
 Alore Saylor

Street Address (P.O. Box Number is Not Acceptable)

470 All Florida Realty Service, Inc.,

13017 Park Blvd N

City

Seminole

FL

Zip Code

33776

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)

DATE

Alore Saylor

2-12-02

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
 PALMATERR, MARK
 12500 CAPRI CIR, NO #208
 TREASURE ISLAND FL 33706 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 SD
 LITTLE, RONALD
 12500 CAPRI CIR, NO #306
 TREASURE ISLAND FL 33706 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 TD
 ALBRIGHT, MARYLOU
 P.O BOX 8802
 MADEIRA BEACH FL 33738 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

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TITLE
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 STREET ADDRESS
 CITY-ST-ZIP
☐ Change ☐ 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

Alore Saylor

2-12-02

727-577-7575

Date

Daytime Phone #

CR2E037 (9/01)