


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 26, 2004 8:00 am**  
**Secretary of State**

04-26-2004 90475 041 \*\*\*\*61.25

<b>DOCUMENT # 754541</b>	
1. Entity Name <b>CAPRI LAGOONS CLUB CONDOMINIUM ASSOCIATION, INC.</b>	

Principal Place of Business <b>12500 CAPRI CIRCLE N. TREASURE ISLAND, FL 33706 US</b>	Mailing Address <b>13017 PARK BLVD N SUITE E SEMINOLE, FL 33776 US</b>
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**94065710**



2. Principal Place of Business		3. Mailing Address		04192004	Chg-NP	CR2E037 (10/03)
Suite, Apt. #, etc.		Suite, Apt. #, etc.				
City & State		City & State		4. FEI Number <b>59-2174859</b>	Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent <b>WASILIK, RICHARD F C/O ALL FLORIDA REALTY SERVICE, INC. 13017 PARK BLVD N SEMINOLE, FL 33776</b>		7. Name and Address of New Registered Agent Name <b>Jim Walsh</b> Street Address (P.O. Box Number is Not Acceptable) <b>All Florida Realty Service Inc.</b> <b>13017 PARK BLVD</b> City <b>Seminole</b> FL Zip Code <b>33776</b>	
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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Jim Walsh* DATE 04/20/2004

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

<b>Filing Fee is \$61.25 Due by May 1, 2004</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	<b>Make check payable to Florida Department of State</b>
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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 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Palmaterr</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LITTLE, RONALD 12500 CAPRI CIR, NO #306 TREASURE ISLAND, FL 33706 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>S/T Geraldine Ladato 12500 Capri Circle N #206 Treasure Island, FL 33706</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD COBELO, VINCE 12500 CAPRI CIR NO #207 TREASURE ISL., FL 33706 <input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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: *Mark Palmaterr* **Mark Palmaterr** 4/20/04 (727)363-0249

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #