

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 03, 2006 8:00 am
Secretary of State

03-03-2006 90100 018 ****61.25

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1. Entity Name

CAPRI LAGOONS CLUB CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

12500 CAPRI CIRCLE N.
TREASURE ISLAND FL 33706
US

Mailing Address

C/O CMC, INC
4175 EAST BAY DRIVE, SUITE 205
CLEARWATER FL 33764
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

Date: 3/1/06



1st MOORE

CR2E037 (10/05)

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

HILDEBRANDT, HAL
C/O CMC, INC
4175 EAST BAY DRIVE, SUITE 205
CLEARWATER FL 33764

Name

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

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when revesting)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE PD ☒ Delete
NAME PALMATEER, MARK
STREET ADDRESS 12500 CAPRI CIR, NO #208
CITY-ST-ZIP TREASURE ISLAND FL 33706

TITLE ST ☒ Delete
NAME LADATO, GERALDINE
STREET ADDRESS 12500 CAPRI CIRCLE N #206
CITY-ST-ZIP TREASURE ISLAND FL 33706

TITLE SD ☒ Delete
NAME COBELO, VINCE
STREET ADDRESS 12500 CAPRI CIR NO #207
CITY-ST-ZIP TREASURE ISL. FL 33706

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME Fred menth
STREET ADDRESS 12500 Capri Circle N
CITY-ST-ZIP Treasure Island, FL 33706

TITLE ☐ Change ☐ Addition
NAME Anna Aust
STREET ADDRESS 12500 Capri Circle N #401
CITY-ST-ZIP Treasure Island, FL 33706

TITLE ☐ Change ☐ Addition
NAME Bob Bufsov
STREET ADDRESS 12500 Capri Circle N #201
CITY-ST-ZIP Treasure Island, FL 33706

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

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

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: *Fred menth* Fred menth 2/17/06 727-458-5371