

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 754541

FILED
Apr 03, 2009
Secretary of State

Entity Name: CAPRI LAGOONS CLUB CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

12500 CAPRI CIRCLE N.
TREASURE ISLAND, FL 33706 US

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

4585 140TH AVE NORTH
SUITE 1012
CLEARWATER, FL 33762 US

FEI Number: 59-2174859

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COMMUNITY MANAGEMENT CONCEPTS, INC.
4585 140TH AVE. NORTH SUITE 1012
CLEARWATER, FL 33762 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: AUST, ANN
Address: 12500 CAPRI CIRCLE N #401
City-St-Zip: TREASURE ISLAND, FL 33706

Title: S () Delete
Name: CELLAMARE, TRISH
Address: 12500 CAPRI CIR, NO. #403
City-St-Zip: TREASURE ISLAND, FL 33706

Title: T () Delete
Name: MOSEDALE, MARIE
Address: 12500 CAPRI CIR NO. #303
City-St-Zip: TREASURE ISLAND, FL 33706

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: S (X) Change () Addition
Name: MOSICK, SALLY
Address: 12500 CAPRI CIRCLE N #301
City-St-Zip: TREASURE ISLAND, FL 33706

Title: T (X) Change () Addition
Name: CELLAMARE, TRISH
Address: 12500 CAPRI CIR, NO. #403
City-St-Zip: TREASURE ISLAND, FL 33706

Title: P (X) Change () Addition
Name: MOSEDALE, MARIE
Address: 12500 CAPRI CIR NO. #303
City-St-Zip: TREASURE ISLAND, FL 33706

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARIE MOSDALE

P

04/03/2009

Electronic Signature of Signing Officer or Director

Date