

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 762897 (7)

1. Corporation Name

CAPRI HARBOR, PHASE I, INC.



Principal Place of Business

12354 CAPRI CIR N
TREASURE ISLAND FL 33706
US

Mailing Address

C/O LAMONT
205 104 AVE
TREASURE ISLAND FL 33706
US

3. Date Incorporated or Qualified
04/16/1982

3a. Date of Last Report
03/31/1995

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

59-2284441

Applied For

Not Applicable

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

22 City & State

27 City & State

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

23 Zip

Country

28 Zip

Country

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LAMONT, SUE
250 104 AVE
TREASURE ISLAND FL 33706

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when not substituting)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME KEMKER, PAUL
STREET ADDRESS 12354 CAPRI CIRCLE N
CITY-ST-ZIP TREASURE ISLAND FL ☐ DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE SD
NAME FRANZ, RICHARD
STREET ADDRESS 12250 CAPRI CIRCLE N
CITY-ST-ZIP TREASURE ISLAND FL ☐ DELETE

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE TD
NAME DIBUTERA, ED
STREET ADDRESS 12314 CAPRI CRICLE NORTH
CITY-ST-ZIP TREASURE ISLAND FL ☒ DELETE

3.1 TITLE D
3.2 NAME MARATOS, STANLEY
3.3 STREET ADDRESS 12352 CAPRI CIRCLE N.
3.4 CITY-ST-ZIP TREASURE ISLAND FL 33706 ☐ Change ☒ Addition

TITLE D
NAME SAUL, JAMES
STREET ADDRESS 12244 SECOND ST E
CITY-ST-ZIP TREASURE ISLAND FL ☒ DELETE

4.1 TITLE D
4.2 NAME GOODYEAR, JILL
4.3 STREET ADDRESS 12318 CAPRI CIRCLE N.
4.4 CITY-ST-ZIP TREASURE ISLAND FL 33706 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/12/96

360-3644

CR2E037 (12/95)