


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Apr 19, 1999 8:00 am**  
**Secretary of State**

04-19-1999 90065 031 \*\*\*\*61.25

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<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>				<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # 762897</b>					
1. Corporation Name <b>CAPRI HARBOR, PHASE I, INC.</b>					
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		



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		04/16/1982	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-2284441	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>	
23		28		<input type="checkbox"/> \$8.75 Additional Fee Required <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Zip		6. Election Campaign Financing	
24		29		Trust Fund Contribution <input type="checkbox"/>	
Country		Country		30	
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		
			85 Zip Code		
			FL		

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	KEMKER, PAUL			1.2 NAME			
STREET ADDRESS	12354 CAPRI CIRCLE N			1.3 STREET ADDRESS			
CITY-ST-ZIP	TREASURE ISLAND FL			1.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		2.1 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MARATOS, STANLEY			2.2 NAME	MARATOS, STANLEY		
STREET ADDRESS	12352 CAPRI CIRCLE N			2.3 STREET ADDRESS	12352 CAPRI CIRCLE N		
CITY-ST-ZIP	TREASURE ISLAND FL			2.4 CITY-ST-ZIP	TREASURE ISLAND, FL 33706		
TITLE	D	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	GOODYEAR, JILL			3.2 NAME			
STREET ADDRESS	12318 CAPRI CIRCLE N			3.3 STREET ADDRESS			
CITY-ST-ZIP	TREASURE ISLAND FL			3.4 CITY-ST-ZIP			
TITLE	VD	<input checked="" type="checkbox"/> DELETE		4.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	DIBUTERA, EDWARD			4.2 NAME	COLEMAN, BEN		
STREET ADDRESS	12314 CAPRI CIRCLE N			4.3 STREET ADDRESS	12366 CAPRI CIRCLE N		
CITY-ST-ZIP	TREASURE ISLAND FL			4.4 CITY-ST-ZIP	TREASURE ISLAND, FL 33706		
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE	SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME				5.2 NAME	MACDONALD, BEAR		
STREET ADDRESS				5.3 STREET ADDRESS	12368 CAPRI CIRCLE N		
CITY-ST-ZIP				5.4 CITY-ST-ZIP	TREASURE ISLAND, FL 33706		
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

14. 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 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

4-12-99

(727)

345-3600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)