FILE NOW: FILING FEE IS \$61.25

NONPROFIT **CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

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

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

DOCUMENT # 762897

1. Corporation Name

CAPRI H	iarbor, Phase I, Inc.						
			n'				
* · · · · · · · · · · · · · · · · · · ·	Position and	Mailing Address		· ·			
Principal Place		· ·			r innsii santa niina sinni intik tetil teal vii	nia dagan dagan dabah dagan da	(B) (188)
12354 CAPRI CIR N TREASURE ISLAND FL 33706		C/O LAMONT 205 104 AVE					
			TREASURE ISLAND FL 33706			IN Girii Bib ii bib ii bibii cid ii bi	
		US					
				 		 	
2. Principal P	lace of Business	2a. Mailing Address			3. Date Incorporated or Qualifed 04/16/1982		
21	and the second s	- 26		e •	4. FEI Number	Applie	d For
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			59-2284441		pplicable
City 9 Ctat		City & State				\$8.75 Addi	
City & State		28			5. Certifcate of Status Desired	Fee Requi	
23 Zip	Country	Zip	Countr	у	6. Election Campaign Financing	\$5.00 Ma	v Be
¬ '	25		30	•	Trust Fund Contribution	Added to F	•
24	9. Name and Address of Current				10. Name and Address of New Registe	ered Agent	
			8	Name			
LAMONT, SUE			82 Street Addre		dress (P.O. Box Number is Not Acceptable)		
250 104 AVE				<u> </u>			
	E ISLAND FL 33706		8	3			
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			84	City		85 Zip Cod	le
			ļ.	1		FL 3 Zip coo	
11. Pursuant	to the provisions of Sections 617.0503	2 and 617.1508, Florida Statute	s, the about	re-named cor	rporation submits this statement for the purposition's board of directors. I hereby accept the a	se of changing its reg appointment as regist	gistered tered
	egistered agent, or both, in the State (OI FIORIUA. SUCII GIIARIYE WAS AL	HINDINGEO O	, the corpora	doll 5 Dodla of all colores :		
agent. I a	m familiar with, and accept the obligat	tions of, Section 617.0503, Flor	ida Statute	S.			
agent. I a	im familiar with, and accept the obligat	llons of, Section 617.0505, Fion	iga Statute	o.			
agent. I a	Im familiar with, and accept the obligat	nt and title if applicable. (NOTE:	Registered Ag	o.	ired when reinstating) DAT	re	
agent. I a SIGNATURE	In familiar with, and accept the obligat Signature, typed or printed name of registered agen OFFICERS AN	nt and title if applicable. (NOTE:	Registered Age	ent signature requi		re IS AND DIRECTORS	
agent. I a SIGNATURE 12. TIME	Signature, typed or printed name of registered agen OFFICERS AN	nt and title if applicable. (NOTE:	Registered Age 13. 1.1 TrTLE	ent signature requi	ired when reinstating) DAT	re IS AND DIRECTORS	IN 12
SIGNATURE 12. TITLE NAME	Signature, typed or printed name of registered agen OFFICERS AN PD KEMKER, PAUL	nt and title if applicable. (NOTE:	Registered Age 13. 1.1 TITLE	ent signature requi	ired when reinstating) DAT	re IS AND DIRECTORS	IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered agen OFFICERS AN PD KEMKER, PAUL 12354 CAPRI CIRCLE N	nt and title if applicable. (NOTE:	Registered Age 13. 1.1 TITLE 1.2 NAME	ent signature requi	ired when reinstating) DAT	re IS AND DIRECTORS	IN 12
Agent. 1 a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered agen OFFICERS AN PD KEMKER, PAUL 12354 CAPRI CIRCLE N TREASURE ISLAND FL	nt and title if applicable. (NOTE:	Registered Age 13. 1.1 TITLE	ent algnature requi	ired when reinstating) ADDITIONS/CHANGES TO OFFICER	S AND DIRECTORS Change	iN 12 Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered agen OFFICERS AN PD KEMKER, PAUL 12354 CAPRI CIRCLE N TREASURE ISLAND FL	nt and title if applicable. (NOTE: D DIRECTORS	Registered A9 13. 1.1 TITLE 1.2 NAME 1.3 STREI 1.4 CITY-	ent algnature requi	ired when reinstating) ADDITIONS/CHANGES TO OFFICER	S AND DIRECTORS Change	iN 12 Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Signature, typed or printed name of registered agen OFFICERS AN PD KEMKER, PAUL 12354 CAPRI CIRCLE N TREASURE ISLAND FL D MARATOS, STANLEY	nt and title if applicable. (NOTE: D DIRECTORS	Registered Age 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY- 2.1 TITLE 2.2 NAME	ent algnature requi	ired when reinstating) ADDITIONS/CHANGES TO OFFICER	S AND DIRECTORS Change	iN 12 Addition
AGENTURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered agen OFFICERS AN PD KEMKER, PAUL 12354 CAPRI CIRCLE N TREASURE ISLAND FL D MARATOS, STANLEY 12352 CAPRI CIRCLE N	nt and title if applicable. (NOTE: D DIRECTORS	Registered Age 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY- 2.1 TITLE 2.2 NAME	ent algnature requi	ired when reinstating) ADDITIONS/CHANGES TO OFFICER	S AND DIRECTORS Change	□ Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Signature, typed or printed name of registered agen OFFICERS AN PD KEMKER, PAUL 12354 CAPRI CIRCLE N TREASURE ISLAND FL D MARATOS, STANLEY	nt and title if applicable. (NOTE: D DIRECTORS	Registered Age 13. 1.1 TITLE 1.2 NAME 1.3 STREI 1.4 CITY- 2.1 TITLE 2.2 NAME 2.3 STREI	ent signature requi	ired when reinstating) ADDITIONS/CHANGES TO OFFICER	S AND DIRECTORS Change	iN 12 Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP	Signature, typed or printed name of registered agen OFFICERS AN PD KEMKER, PAUL 12354 CAPRI CIRCLE N TREASURE ISLAND FL D MARATOS, STANLEY 12352 CAPRI CIRCLE N TREASURE ISLAND FL	nt and title if applicable. (NOTE: D DIRECTORS D DELETE	Registered A9 1.3 1.1 TITLE 1.2 NAME 1.3 STREI 1.4 CITY- 2.1 TITLE 2.2 NAME 2.3 STREI 2.4 CITY-	ent signature requi	ired when reinstating) ADDITIONS/CHANGES TO OFFICER	S AND DIRECTORS Change	□ Addition
AGENTURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or printed name of registered agen OFFICERS AN PD KEMKER, PAUL 12354 CAPRI CIRCLE N TREASURE ISLAND FL D MARATOS, STANLEY 12352 CAPRI CIRCLE N TREASURE ISLAND FL D GOODYEAR, JILL	nt and title if applicable. (NOTE: D DIRECTORS D DELETE	Registered Age 13. 1.1 TITLE 1.2 NAME 1.3 STREI 1.4 CITY- 2.1 TITLE 2.2 NAME 2.3 STREI 2.4 CITY- 3.1 TITLE 3.2 NAME	ent signature requi	ired when reinstating) ADDITIONS/CHANGES TO OFFICER	S AND DIRECTORS Change	□ Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME	Signature, typed or printed name of registered agen OFFICERS AN PD KEMKER, PAUL 12354 CAPRI CIRCLE N TREASURE ISLAND FL D MARATOS, STANLEY 12352 CAPRI CIRCLE N TREASURE ISLAND FL D GOODYEAR, JILL	nt and title if applicable. (NOTE: D DIRECTORS D DELETE D DELETE	Registered Age 13. 1.1 TITLE 1.2 NAME 1.3 STREI 1.4 CITY- 2.1 TITLE 2.2 NAME 2.2 STREI 2.4 CITY- 3.1 TITLE 3.2 NAME 3.3 STREI 3.4 CITY 3.4 CITY	ent signature requi	INDUITIONS/CHANGES TO OFFICER ADDITIONS/CHANGES TO OFFICER VD MARATOS, STANLEY 2352 CAPRI CIRCLE TREASURE SLAND, F	S AND DIRECTORS Change	IN 12 Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered agen OFFICERS AN PD KEMKER, PAUL 12354 CAPRI CIRCLE N TREASURE ISLAND FL D MARATOS, STANLEY 12352 CAPRI CIRCLE N TREASURE ISLAND FL D GOODYEAR, JILL 12318 CAPRI CIRCLE N	nt and title if applicable. (NOTE: D DIRECTORS D DELETE	Registered Age 13. 1.1 TITLE 1.2 NAME 1.3 STREI 1.4 CITY- 2.1 TITLE 2.2 NAME 2.3 STREI 2.4 CITY- 3.1 TITLE 3.2 NAME 3.3 STREI 3.3 STREI 3.4 CITY- 3.5 STREI 3.5 STREI 3.5 STREI 3.6 STREI 3.7 STREI 3.7 STREI 3.7 STREI 3.8 STREI 3. STREI	ert ADDRESS ST-ZIP ET ADDRESS ST-ZIP T ADDRESS ST-ZIP T ADDRESS ST-ZIP	Ired when reinstating) ADDITIONS/CHANGES TO OFFICER OFF	S AND DIRECTORS Change	□ Addition
AGENTURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered agen OFFICERS AN PD KEMKER, PAUL 12354 CAPRI CIRCLE N TREASURE ISLAND FL D MARATOS, STANLEY 12352 CAPRI CIRCLE N TREASURE ISLAND FL D GOODYEAR, JILL 12318 CAPRI CIRCLE N TREASURE ISLAND FL VD DIBUTERA, EDWARD	nt and title if applicable. (NOTE: D DIRECTORS D DELETE D DELETE	Registered Age 13. 1.1 TITLE 1.2 NAME 1.3 STREI 1.4 CITY- 2.1 TITLE 2.2 NAME 2.2 STREI 2.4 CITY- 3.1 TITLE 3.2 NAME 3.3 STREI 3.4 CITY 3.4 CITY	ert Address	Ired when reinstating) ADDITIONS/CHANGES TO OFFICER OP OP MARATOS, STANLEY OP OP OP TREASURE SLAND, F	S AND DIRECTORS Change Change Change	IN 12 Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or printed name of registered agen OFFICERS AN PD KEMKER, PAUL 12354 CAPRI CIRCLE N TREASURE ISLAND FL D MARATOS, STANLEY 12352 CAPRI CIRCLE N TREASURE ISLAND FL D GOODYEAR, JILL 12318 CAPRI CIRCLE N TREASURE ISLAND FL VD DIBUTERA, EDWARD 12314 CAPRI CIRCLE N	nt and title if applicable. (NOTE: D DIRECTORS D DELETE D DELETE	Registered Ag 13. 1.1 TITLE 1.2 NAME 1.3 STRE 1.4 CITY 2.1 TITLE 2.2 NAME 2.4 CITY 3.1 TITLE 3.2 NAME 3.3 STRE 3.4 CITY 4.1 TITLE 4.2 NAME	ent signature requi	DAT ADDITIONS/CHANGES TO OFFICER VD MARATOS, STANLEY 2352 CAPRI CIRCLE TREASURE ISLAND, F	S AND DIRECTORS Change Change Change Change	IN 12 ☐ Addition ☐ Addition ☐ Addition
AGENTURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Signature, typed or printed name of registered agen OFFICERS AN PD KEMKER, PAUL 12354 CAPRI CIRCLE N TREASURE ISLAND FL D MARATOS, STANLEY 12352 CAPRI CIRCLE N TREASURE ISLAND FL D GOODYEAR, JILL 12318 CAPRI CIRCLE N TREASURE ISLAND FL VD DIBUTERA, EDWARD	It and title if applicable. (NOTE: D DIRECTORS D DELETE D DELETE D DELETE	Registered Age 13. 1.1 TITLE 1.2 NAME 1.3 STRE: 1.4 CITY- 2.1 TITLE 2.2 NAME 2.3 STRE: 2.4 CITY- 3.1 TITLE 3.2 NAME 3.3 STRE 3.4 CITY- 4.1 TITLE 4.2 NAMI 4.3 STRE 4.4 CITY-	ert address	DATE ASURE ISLAND, FL	S AND DIRECTORS Change Change Change Change	IN 12 ☐ Addition ☐ Addition ☐ Addition
AGENTURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered agen OFFICERS AN PD KEMKER, PAUL 12354 CAPRI CIRCLE N TREASURE ISLAND FL D MARATOS, STANLEY 12352 CAPRI CIRCLE N TREASURE ISLAND FL D GOODYEAR, JILL 12318 CAPRI CIRCLE N TREASURE ISLAND FL VD DIBUTERA, EDWARD 12314 CAPRI CIRCLE N	nt and title if applicable. (NOTE: D DIRECTORS D DELETE D DELETE	Registered Age 13. 1.1 TITLE 1.2 NAME 1.3 STRE: 1.4 CITY- 2.1 TITLE 2.2 NAME 2.3 STRE: 2.4 CITY- 3.1 TITLE 3.2 NAME 3.3 STRE 3.4 CITY- 4.1 TITLE 4.2 NAMI 4.3 STRE 4.4 CITY- 5.1 TITLE	ert Address	DATE ASURE ISLAND, FL	Change Change Change Change	IN 12 ☐ Addition ☐ Addition ☐ Addition
AGENT 1 A SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered agen OFFICERS AN PD KEMKER, PAUL 12354 CAPRI CIRCLE N TREASURE ISLAND FL D MARATOS, STANLEY 12352 CAPRI CIRCLE N TREASURE ISLAND FL D GOODYEAR, JILL 12318 CAPRI CIRCLE N TREASURE ISLAND FL VD DIBUTERA, EDWARD 12314 CAPRI CIRCLE N	It and title if applicable. (NOTE: D DIRECTORS D DELETE D DELETE D DELETE	Registered Agy 13. 1.1 TITLE 1.2 NAME 1.3 STREI 1.4 CITY- 2.1 TITLE 2.2 NAME 2.4 CITY- 3.1 TITLE 3.2 NAME 3.3 STREI 4.1 CITY- 4.1 TITLE 4.2 NAMI 4.3 STREI 4.4 CITY- 5.1 TITLE 5.2 NAME 5.4 NAME	ert Address	DATE ASURE ISLAND, FL	Change Change Change Change	IN 12 ☐ Addition ☐ Addition ☐ Addition
AGENTURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or printed name of registered agen OFFICERS AN PD KEMKER, PAUL 12354 CAPRI CIRCLE N TREASURE ISLAND FL D MARATOS, STANLEY 12352 CAPRI CIRCLE N TREASURE ISLAND FL D GOODYEAR, JILL 12318 CAPRI CIRCLE N TREASURE ISLAND FL VD DIBUTERA, EDWARD 12314 CAPRI CIRCLE N TREASURE ISLAND FL	It and title if applicable. (NOTE: D DIRECTORS D DELETE D DELETE D DELETE	Registered Ag 13. 1.1 TITLE 1.2 NAME 1.3 STREI 1.4 CITY 2.1 TITLE 2.2 NAME 2.3 STREI 2.4 CITY 3.1 TITLE 3.2 NAME 3.3 STREI 3.4 CITY 4.1 TITLE 4.2 NAMI 4.3 STREI 4.4 CITY 5.1 TITLE 5.2 NAME 5.3 STREI 5.3 ST	ert Address	DATE ASURE ISLAND, FUND ACONALD, BEAR 12368 CAPRI CIRCLE	Change Change Change Change	IN 12 ☐ Addition ☐ Addition ☐ Addition
AGENTURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Signature, typed or printed name of registered agen OFFICERS AN PD KEMKER, PAUL 12354 CAPRI CIRCLE N TREASURE ISLAND FL D MARATOS, STANLEY 12352 CAPRI CIRCLE N TREASURE ISLAND FL D GOODYEAR, JILL 12318 CAPRI CIRCLE N TREASURE ISLAND FL VD DIBUTERA, EDWARD 12314 CAPRI CIRCLE N TREASURE ISLAND FL	It and title if applicable. (NOTE: D DIRECTORS DELETE DELETE DELETE DELETE DELETE	Registered Ag 13. 1.1 TITLE 1.2 NAME 1.3 STREI 1.4 CITY 2.1 TITLE 2.2 NAME 2.3 STREI 2.4 CITY 3.1 TITLE 3.2 NAME 3.3 STREI 4.1 TITLE 4.2 NAMI 4.3 STREI 4.4 CITY 5.1 TITLE 5.2 NAME 5.3 STREI 5.4 CITY 5.5 STREI 5.4 CITY	ert address ert ad	DATE ASURE ISLAND, FL	Change Change Change Change Change Change	Addition Addition Addition Addition
AGENTURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE TITLE TITLE TITLE	Signature, typed or printed name of registered agen OFFICERS AN PD KEMKER, PAUL 12354 CAPRI CIRCLE N TREASURE ISLAND FL D MARATOS, STANLEY 12352 CAPRI CIRCLE N TREASURE ISLAND FL D GOODYEAR, JILL 12318 CAPRI CIRCLE N TREASURE ISLAND FL VD DIBUTERA, EDWARD 12314 CAPRI CIRCLE N TREASURE ISLAND FL	It and title if applicable. (NOTE: D DIRECTORS D DELETE D DELETE D DELETE	Registered Ag 13. 1.1 TITLE 1.2 NAME 1.3 STREI 1.4 CITY- 2.1 TITLE 2.2 NAME 2.3 STREI 2.4 CITY- 3.1 TITLE 3.2 NAME 3.3 STREI 4.1 CITY- 4.1 TITLE 4.2 NAMI 4.3 STREI 4.4 CITY- 5.1 TITLE 5.2 NAME 5.3 STREI 6.4 CITY- 6.1 TITLE 6.	ET ADDRESS ST-ZIP T ET ADDRESS ST-ZIP	DATE ASURE ISLAND, FUND ACONALD, BEAR 12368 CAPRI CIRCLE	Change Change Change Change Change Change	IN 12 ☐ Addition ☐ Addition ☐ Addition
AGENTURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Signature, typed or printed name of registered agen OFFICERS AN PD KEMKER, PAUL 12354 CAPRI CIRCLE N TREASURE ISLAND FL D MARATOS, STANLEY 12352 CAPRI CIRCLE N TREASURE ISLAND FL D GOODYEAR, JILL 12318 CAPRI CIRCLE N TREASURE ISLAND FL VD DIBUTERA, EDWARD 12314 CAPRI CIRCLE N TREASURE ISLAND FL	It and title if applicable. (NOTE: D DIRECTORS DELETE DELETE DELETE DELETE DELETE	Registered Ag 13. 1.1 TITLE 1.2 NAME 1.3 STREI 1.4 CITY- 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY- 3.1 TITLE 3.2 NAME 3.3 STREE 4.4 CITY- 4.1 TITLE 4.2 NAMI 4.3 STREE 4.4 CITY- 5.1 TITLE 5.2 NAME 5.3 STREE 5.4 CITY- 6.1 TITLE 6.2 NAMI 6.2 NAMI	ET ADDRESS ST-ZIP T ET ADDRESS ST-ZIP	DATE ASURE ISLAND, FUND ACONALD, BEAR 12368 CAPRI CIRCLE	Change Change Change Change Change Change	Addition Addition Addition Addition

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 trostee 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 any attachment with an address, with all other like empowered.

SIGNATURE: