

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2004 8:00 am
Secretary of State

02-02-2004 90011 024 ****61.25

DOCUMENT # 762897

1. Entity 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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01052004 Chg-NP CR2E037 (10/03)

4. FEI Number
59-2284441

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

**LAMONT, SUE
250 104 AVE
TREASURE ISLAND, FL 33706**

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 re-registering)

DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

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 **VD** ☐ Delete
NAME **GREENE, LAUREN**
STREET ADDRESS **13611 PARK BLVD. SUITE G**
CITY-ST-ZIP **SEMINOLE, FL 33776**

TITLE **D** ☐ Delete
NAME **MARATOS, STANLEY**
STREET ADDRESS **12352 CAPRI CIRCLE N**
CITY-ST-ZIP **TREASURE ISLAND, FL 33706**

TITLE **D** ☒ Delete
NAME **WHITIS, PHILIP**
STREET ADDRESS **12352 CAPRI CIRCLE NORTH**
CITY-ST-ZIP **TREASURE ISLAND, 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 **PD** ☒ Change ☐ Addition
NAME **GREENE, LAUREN**
STREET ADDRESS **13611 PARK BLVD. STE. G**
CITY-ST-ZIP **SEMINOLE, FL 33776**

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

TITLE **VD** ☐ Change ☒ Addition
NAME **DIBUTERA, EDWARD**
STREET ADDRESS **12314 CAPRI CIRCLE N.**
CITY-ST-ZIP **TREASURE ISLAND, FL 33706**

TITLE **SD** ☐ Change ☒ Addition
NAME **MAY, JONATHON**
STREET ADDRESS **12336 CAPRI CIRCLE N**
CITY-ST-ZIP **TREASURE ISLAND, FL 33706**

TITLE **TD** ☐ Change ☐ Addition
NAME **ASPESI, LELAND**
STREET ADDRESS **12316 CAPRI CIRCLE N.**
CITY-ST-ZIP **TREASURE ISLAND, FL 33706**

TITLE **D** ☐ Change ☒ Addition
NAME **BUDAY, PAUL**
STREET ADDRESS **12242 2nd STREET EAST**
CITY-ST-ZIP **TREASURE ISLAND, FL 33706**

12. 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/21/04 327-360-3644