2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2009
Secretary of State

DOCUMENT# 762897

Entity Name: CAPRI HARBOR, PHASE I, INC.

Current Principal Place of Business:

12354 CAPRI CIR N
TREASURE ISLAND, FL 33706 US

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

C/O LAMONT MANAGEMENT
250 104 AVE
TREASURE ISLAND, FL 33706 US

FEI Number: 59-2284441 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LAMONT, SUE
250 104 AVE
TREASURE ISLAND, FL 33706 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:	PD	( ) Delete
Name:	GREENE, LAUREN	
Address:	13611 PARK BLVD. SUITE G	
City-St-Zip:	SEMINOLE, FL 33776	
Title:	D	( ) Delete
Name:	MARATOS, STANLEY	
Address:	12352 CAPRI CIRCLE N	
City-St-Zip:	TREASURE ISLAND, FL 33706	
Title:	VD	( ) Delete
Name:	MACDONALD, WARE N	
Address:	12368 CAPRI CIR. N	
City-St-Zip:	TREASURE ISLAND, FL 33706	
Title:	SD	( ) Delete
Name:	MAY, JONATHON	
Address:	12336 CAPRI CIRCLE N	
City-St-Zip:	TREASURE ISLAND, FL 33706	
Title:	D	( ) Delete
Name:	TAGGART, KAREN	
Address:	12322 CAPRI CIR N	
City-St-Zip:	TREASURE ISLAND, FL 33706	
Title:	TD	( ) Delete
Name:	ASPESI, LELAND	
Address:	12316 CAPRI CIRCLE N	
City-St-Zip:	TREASURE ISLAND, FL 33706	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	VD	(X) Change ( ) Addition
Name:	MARATOS, STANLEY	
Address:	12352 CAPRI CIRCLE N	
City-St-Zip:	TREASURE ISLAND, FL 33706	
Title:	VD	(X) Change ( ) Addition
Name:	SALATA, ED	
Address:	12366 CAPRI CIR. N	
City-St-Zip:	TREASURE ISLAND, FL 33706	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		

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: LAUREN GREENE P 03/24/2009
Electronic Signature of Signing Officer or Director — Date