2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 24, 2011
Secretary of State

DOCUMENT# 762897

Entity Name: CAPRI HARBOR, PHASE I, INC.

Current Principal Place of Business:

12354 CAPRI CIRCLE NORTH
TREASURE ISLAND, FL 33706 US

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

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
Name: GORDON, ROBERT
Address: 12346 CAPRI CIRCLE NORTH
City-St-Zip: TREASURE ISLAND, FL 33706

Title: D
Name: MARATOS, STANLEY
Address: 12362 CAPRI CIRCLE N
City-St-Zip: TREASURE ISLAND, FL 33706

Title: D
Name: HULETT, JOHN
Address: 12348 CAPRI CIRCLE NORTH
City-St-Zip: TREASURE ISLAND, FL 33706

Title: SD
Name: MAY, JONATHON
Address: 12336 CAPRI CIRCLE N
City-St-Zip: TREASURE ISLAND, FL 33706

Title: VD
Name: TAGGART, KAREN
Address: 12322 CAPRI CIR N
City-St-Zip: TREASURE ISLAND, FL 33706

Title: TD
Name: ASPESI, LELAND
Address: 12316 CAPRI CIRCLE N
City-St-Zip: TREASURE ISLAND, FL 33706

I hereby 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 all other like empowered.

SIGNATURE: ROBERT GORDON PD 02/24/2011

Electronic Signature of Signing Officer or Director Date