2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2008
Secretary of State

DOCUMENT# N05000000681

Entity Name: CAPRI LIGHTHOUSE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

220 126TH AVE E
TREASURE ISLAND, FL 33706

New Principal Place of Business:

Current Mailing Address:

220 126TH AVE E
TREASURE ISLAND, FL 33706

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MARTIN, JOHN P
401 S LINCOLN AVE
CLEARWATER, FL 33756 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: PDST ( ) Delete
Name: CROWE, DAVID F
Address: 220 126TH AVE E
City-St-Zip: TREASURE ISLAND, FL 33706

Title: VD ( ) Delete
Name: CROWE, PHYLLIS E
Address: 220 126TH AVE E
City-St-Zip: TREASURE ISLAND, FL 33706

Title: D ( ) Delete
Name: CROWE, KIMBERLY
Address: 12405 3RD ST E UNIT 701
City-St-Zip: TREASURE ISLAND, FL 33706

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DIR (X) Change ( ) Addition
Name: PALMER, CARY
Address: 220 126TH AVE E
City-St-Zip: TREASURE ISLAND, FL 33706

Title: DIR (X) Change ( ) Addition
Name: SCAGLIONE, STEVE
Address: 220 126TH AVE E
City-St-Zip: TREASURE ISLAND, FL 33706

Title: D (X) Change ( ) Addition
Name: BROWN, ANITA
Address: 4500 67TH WAY N
City-St-Zip: ST. PETERSBURG, FL 33709

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: ANITA BROWN DIR 04/16/2008

Electronic Signature of Signing Officer or Director — Date