2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000000681

FILED Jun 16, 2009 Secretary of State

Entity Name: CAPRI LIGHTHOUSE CONDOMINIUM ASS	SOCIATION, INC.		
Current Principal Place of Business:	New Principal	Place of Business:	
220 126TH AVE E TREASURE ISLAND, FL 33706			
Current Mailing Address:	New Mailing A	New Mailing Address:	
220 126TH AVE E TREASURE ISLAND, FL 33706			
In accordance with s. 607.193(2)(b), F.S., the corporation did not rec			
Name and Address of Current Registered Agent:	Name and Add	ress of New Registered Agent:	
MARTIN, JOHN P 401 S LINCOLN AVE CLEARWATER, FL 33756 US			
The above named entity submits this statement for the purpoin the State of Florida.	ose of changing its reg	gistered office or registered agent, or both,	
SIGNATURE:			
Electronic Signature of Registered Agent		Date	
OFFICERS AND DIRECTORS:	ADDITIONS/CH	IANGES TO OFFICERS AND DIRECTORS:	
Title: DIR () Delete Name: PALMER, CARY Address: 220 126TH AVE E City-St-Zip: TREASURE ISLAND, FL 33706	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: DIR () Delete Name: SCAGLIONE, STEVE Address: 220 126TH AVE E City-St-Zip: TREASURE ISLAND, FL 33706	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: D () Delete Name: BROWN, ANITA Address: 4500 67TH WAY N City-St-Zip: ST. PETERSBURG, FL 33709	Title: Name: Address: City-St-Zip:	() Change () Addition	

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: CARY PALMER DIR 06/16/2009