

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2005 8:00 am
Secretary of State

04-21-2005 90247 046 ****61.25

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DOCUMENT # N07960 1. Entity Name CAPRI HARBOR SOUTH CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business LAMONT MANAGEMENT 250 104TH AVENUE TREASURE ISLAND, FL 33706 US			Mailing Address LAMONT MANAGEMENT 250 104TH AVENUE 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	4. FEI Number 59-2877340	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
LAMONT, SUE LAMONT MANAGEMENT 250 104TH AVENUE 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
		Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS					
TITLE	STD <input checked="" type="checkbox"/> Delete				
NAME	APPLING, SHELIA				
STREET ADDRESS	12140 CAPRI CIR				
CITY-ST-ZIP	TREASURE ISLAND, FL 33706				
TITLE	D <input type="checkbox"/> Delete				
NAME	LIPPMANN, WALT				
STREET ADDRESS	12116 CAPRI CIRCLE SOUTH				
CITY-ST-ZIP	TREASURE ISLAND, FL 33706				
TITLE	VD <input type="checkbox"/> Delete				
NAME	MEEHAN, BILL				
STREET ADDRESS	12130 CAPRI CIRCLE SOUTH				
CITY-ST-ZIP	TREASURE ISLAND, FL 33706				
TITLE	PD <input type="checkbox"/> Delete				
NAME	OVERBY, JAMES				
STREET ADDRESS	12118 CAPRI CIRCLE SOUTH				
CITY-ST-ZIP	TREASURE ISLAND, FL 33706				
TITLE	D <input checked="" type="checkbox"/> Delete				
NAME	FLOWERS, BLAIR				
STREET ADDRESS	12144 CAPRI CIR				
CITY-ST-ZIP	SAINT PETERSBURG, FL 33706				
TITLE	<input type="checkbox"/> Delete				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE	STD <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				
NAME	ARCENEUX, MICHAEL				
STREET ADDRESS	12208 2ND STREET E				
CITY-ST-ZIP	TREASURE ISLAND FL 33706				
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				
NAME	RICHARD, CATHY				
STREET ADDRESS	12114 CAPRI CIRCLE S.				
CITY-ST-ZIP	TREASURE ISLAND, FL 33706				
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
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: <i>James Overby</i> James Overby 4/18/05 727-360-3644 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					