
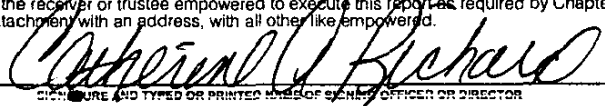


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90401 004 ****61.25

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 12110 CAPRI CIRS		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State TREASURE ISLAND FL		City & State			
Zip 33706		Country US		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 LAMONT, SUE LAMONT MANAGEMENT 250 104TH AVENUE TREASURE ISLAND, FL 33706			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2006		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 NAME STREET ADDRESS CITY-ST-ZIP	STD ARCENEUX, MICHAEL <input checked="" type="checkbox"/> Delete 12208 2ND STREET E. TREASURE ISLAND, FL 33706				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LIPPMANN, WALT <input type="checkbox"/> Delete 12116 CAPRI CIRCLE SOUTH TREASURE ISLAND, FL 33706				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MEEHAN, BILL <input checked="" type="checkbox"/> Delete 12130 CAPRI CIRCLE SOUTH TREASURE ISLAND, FL 33706				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD OVERBY, JAMES <input type="checkbox"/> Delete 12118 CAPRI CIRCLE SOUTH TREASURE ISLAND, FL 33706				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RICHARD, CATHY <input checked="" type="checkbox"/> Delete 12114 CAPRI CIRCLE S. TREASURE ISLAND, FL 33706				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD RICHARD, CATHY <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 12114 CAPRI CIRS TREASURE ISLAND, FL 33706				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ARCENEUX, MICHAEL <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 12208 2ND STREET E TREASURE ISLAND, FL 33706				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MEEHAN, BILL <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 12130 CAPRI CIRS TREASURE ISLAND, FL 33706				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: 					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNER OFFICER OR DIRECTOR</small>					
<small>Date</small>					
<small>Daytime Phone #</small>					