

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07960

FILED
Mar 27, 2009
Secretary of State

Entity Name: CAPRI HARBOR SOUTH CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

12110 CAPRI CIR S
TREASURE ISLAND, FL 33706 US

New Principal Place of Business:

Current Mailing Address:

LAMONT MANAGEMENT
250 104TH AVENUE
TREASURE ISLAND, FL 33706 US

New Mailing Address:

FEI Number: 59-2877340 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LAMONT, SUE
LAMONT MANAGEMENT
250 104TH AVENUE
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: D () Delete
Name: KIEFFER, JON
Address: 12202 2ND ST E
City-St-Zip: TREASURE ISLAND, FL 33706

Title: D () Delete
Name: GAUSS, CHRISTINE
Address: 12210 2ND ST E
City-St-Zip: TREASURE ISLAND, FL 33706

Title: VD () Delete
Name: ARCENEUX, MICHAEL
Address: 12208 2ND STREET E
City-St-Zip: TREASURE ISLAND, FL 33706

Title: PD () Delete
Name: OVERBY, JAMES
Address: 12118 CAPRI CIRCLE SOUTH
City-St-Zip: TREASURE ISLAND, FL 33706

Title: D () Delete
Name: MEEHAN, BILL
Address: 12130 CAPRI CIR S
City-St-Zip: TREASURE ISLAND, FL 33706

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: STD (X) Change () Addition
Name: ELLIS, JAMES
Address: 12124 CAPRI CIRCLE SOUTH
City-St-Zip: TREASURE ISLAND, FL 33706

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: MEEHAN, BILL
Address: 12130 CAPRI CIR SOUTH
City-St-Zip: TREASURE ISLAND, FL 33706

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: JAMES OVERBY

PD

03/27/2009

Electronic Signature of Signing Officer or Director

_____ Date