


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

04-21-2005 90247 045 ****61.25

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DOCUMENT # N34085 1. Entity Name CAPRI HARBOR MASTER ASSOCIATION, INC.					
Principal Place of Business 12354 CAPRI CIR N TREASURE ISLAND, FL 33706 US			Mailing Address C/O LAMONT 250-104TH AVE 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 59-3059083	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
LAMONT, SUE 250 104TH AVE 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 _____ <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, 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OVERBY, JIM		NAME	OVERBY, JIM	
STREET ADDRESS	12118 CAPRI CIRCLE S		STREET ADDRESS	12118 CAPRI CIRCLE S.	
CITY-ST-ZIP	TREASURE ISLAND, FL 33706		CITY-ST-ZIP	TREASURE ISLAND, FL 33706	
TITLE	VD	<input type="checkbox"/> Delete	TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GREENE, LAUREN		NAME	GREENE, LAUREN	
STREET ADDRESS	13611 PARK BLVD., SUITE G		STREET ADDRESS	13611 PARK BLVD SUITE G	
CITY-ST-ZIP	SEMINOLE, FL 33776		CITY-ST-ZIP	SEMINOLE, FL 33776	
TITLE	STD	<input checked="" type="checkbox"/> Delete	TITLE	STD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MAY, JONATHAN		NAME	MEEHAN, BILL	
STREET ADDRESS	12336 CAPRI CIRCLE NORTH		STREET ADDRESS	12130 CAPRI CIRCLE S.	
CITY-ST-ZIP	TREASURE ISLAND, FL 33706		CITY-ST-ZIP	TREASURE ISLAND, FL 33706	
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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 another like empowered.					
SIGNATURE: <i>James Overby</i> James Overby <i>4/18/05</i> 4/18/05 <i>927-360-3644</i> 927-360-3644 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					