

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

04-24-2006 90401 050 ****61.25

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

40057850



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04122006 Chg-NP CR2E037 (11/05)

4. FEI Number
59-3059083

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when resigning)

DATE

Filing Fee is \$61.25
Due by May 1, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE VD ☒ Delete
NAME OVERBY, JIM
STREET ADDRESS 12118 CAPRI CIRCLE S
CITY-ST-ZIP TREASURE ISLAND, FL 33706

TITLE PD ☒ Delete
NAME GREENE, LAUREN
STREET ADDRESS 13611 PARK BLVD., SUITE G
CITY-ST-ZIP SEMINOLE, FL 33776

TITLE STD ☐ Delete
NAME MEEHAN, BIL L
STREET ADDRESS 12130 CAPRI CIRCLE S
CITY-ST-ZIP TREASURE ISLAND, FL 33706

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE VD ☒ Change ☐ Addition
NAME GREENE, LAUREN
STREET ADDRESS 13611 PARK BLVD STE G
CITY-ST-ZIP SEMINOLE, FL 33776

TITLE PD ☒ Change ☐ Addition
NAME OVERBY, JIM
STREET ADDRESS 12118 CAPRI CIR S
CITY-ST-ZIP TREASURE ISLAND, FL 33706

TITLE STD ☒ Change ☐ Addition
NAME FISH, JOHN
STREET ADDRESS 12342 CAPRI CIR N
CITY-ST-ZIP TREASURE ISLAND, FL 33706

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature (Print Name)

4/14/06