

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N34085

FILED
Apr 23, 2009
Secretary of State

Entity Name: CAPRI HARBOR MASTER ASSOCIATION, INC.

Current Principal Place of Business:

12354 CAPRI CIR N
TREASURE ISLAND, FL 33706 US

New Principal Place of Business:

Current Mailing Address:

C/O LAMONT
250-104TH AVE
TREASURE ISLAND, FL 33706 US

New Mailing Address:

FEI Number: 59-3059083 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LAMONT, SUE
250 104TH AVE
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: VD () Delete
Name: GREENE, LAUREN
Address: 13611 PARK BLVD SUITE G
City-St-Zip: SEMINOLE, FL 33776

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

Title: STD () Delete
Name: FISH, JOHN
Address: 12342 CAPRI CIR NORTH
City-St-Zip: TREASURE ISLAND, FL 33706

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: GREENE, LAUREN
Address: 13611 PARK BLVD SUITE G
City-St-Zip: SEMINOLE, FL 33776

Title: VD (X) Change () Addition
Name: OVERBY, JIM
Address: 12118 CAPRI CIR SOUTH
City-St-Zip: TREASURE ISLAND, FL 33706

Title: STD (X) Change () Addition
Name: MAY, JONATHON
Address: 12336 CAPRI CIR NORTH
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: LAUREN GREEN

PD

04/23/2009

Electronic Signature of Signing Officer or Director

_____ Date