

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N34085

**FILED**  
**Feb 26, 2010**  
**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: PD  
Name: GREENE, LAUREN  
Address: 13611 PARK BLVD SUITE G  
City-St-Zip: SEMINOLE, FL 33776

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

Title: STD  
Name: MAY, JONATHON  
Address: 12336 CAPRI CIR NORTH  
City-St-Zip: TREASURE ISLAND, FL 33706

I hereby 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 all other like empowered.

SIGNATURE: JIM OVERBY

VP

02/26/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date