

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N41868

FILED  
Mar 21, 2010  
Secretary of State

**Entity Name:** CAPRI SUNSET CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

11800 CAPRI CIRCLE SO.  
TREASURE ISLAND, FL 33706

**New Principal Place of Business:**

**Current Mailing Address:**

11800 CAPRI CIRCLE SO.  
TREASURE ISLAND, FL 33706

**New Mailing Address:**

FEI Number: 59-3055458

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SPRIGGS, PAT  
11800 CAPRI CIRCLE S  
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: SD  
Name: SPRIGGS, PATRICIA  
Address: 11800 CAPRI CIR. SO.  
City-St-Zip: TREASURE ISLAND, FL

Title: TD  
Name: JONES, JACK L  
Address: 11810 CAPRI CIRCLE SOUTH  
City-St-Zip: TREASURE ISLAND, FL 33706

Title: TD  
Name: TOM OGLESBY  
Address: 11820 CAPRI CIR. SO.  
City-St-Zip: TREASURE ISLAND, FL

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: PATRICIA SPRIGGS

SD

03/21/2010

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

\_\_\_\_\_  
Date