

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 754382

**Entity Name:** CAPRI COVE ADULT CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

11700 CAPRI CIRCLE S.  
TREASURE ISLAND, FL 33706

**Current Mailing Address:**

C/O LAMONT MANAGEMENT, INC.  
250 104TH AVENUE  
TREASURE ISLAND, FL 33706 US

**FEI Number:** 59-2049111

**Certificate of Status Desired:** No

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

LAMONT MANAGEMENT  
250 104TH AVE.  
TREASURE ISLAND, FL 33706 US

*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:** STEPHANIE HENDRIX

01/07/2018

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P  
Name HOFFMAN, MICHAEL  
Address C/O LAMONT MANAGEMENT, INC.  
250 104TH AVENUE  
City-State-Zip: TREASURE ISLAND FL 33706

Title VP  
Name BOX, GWEN  
Address C/O LAMONT MANAGEMENT, INC.  
250 104TH AVENUE  
City-State-Zip: TREASURE ISLAND FL 33706

Title S/T  
Name RICHEY, JANET  
Address C/O LAMONT MANAGEMENT, INC.  
250 104TH AVENUE  
City-State-Zip: TREASURE ISLAND FL 33706

Title DIRECTOR  
Name LORENZ, JAMES  
Address C/O LAMONT MANAGEMENT, INC.  
250 104TH AVENUE  
City-State-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:** MICHAEL HOFFMAN

**PRESIDENT**

01/07/2018

Electronic Signature of Signing Officer/Director Detail

Date