

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N13000008220

**Entity Name:** CAPITAL RESORTS CLUB, INC.

**Current Principal Place of Business:**

150 2ND AVENUE NORTH  
SUITE 450  
ST. PETERSBURG, FL 33701

**Current Mailing Address:**

150 2ND AVENUE NORTH  
SUITE 450  
ST. PETERSBURG, FL 33701 US

**FEI Number: 46-5083739**

**Certificate of Status Desired: No**

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

CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            SHROFF, AMY W  
Address        150 2ND AVENUE NORTH  
                  SUITE 450  
City-State-Zip: ST. PETERSBURG FL 33701

Title            VP  
Name            DIXON, JOHN  
Address        150 2ND AVENUE NORTH  
                  SUITE 450  
City-State-Zip: ST. PETERSBURG FL 33701

Title            TREASURER  
Name            HUTCHISON, CHRIS  
Address        150 2ND AVENUE NORTH  
                  SUITE 450  
City-State-Zip: ST. PETERSBURG FL 33701

Title            SECRETARY  
Name            INGRAM, KRISTIN  
Address        150 2ND AVENUE NORTH  
                  SUITE 450  
City-State-Zip: ST. PETERSBURG FL 33701

*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: KRISTIN INGRAM**

**SECRETARY**

**03/08/2016**

Electronic Signature of Signing Officer/Director Detail

Date