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CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 396790 (8)

1. Corporation Name
CAPRI ISLES GOLF, INC.

FILED

95 JAN 23 AM 10:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
849 CAPRI ISLES BLVD. 849 CAPRI ISLES BLVD.
VENICE FL 34292 VENICE FL 34292

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 03/01/1972	3a. Date of Last Report 01/28/1994
4. FEI Number 59-1380785	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 109.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 State, Apt. #, etc. 22 City & State 23 Zip Country	2a. Mailing Address 26 State, Apt. #, etc. 27 City & State 28 Zip Country
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9. Name and Address of Current Registered Agent

MCCOY, ROBIN L.
2045 TIMUCUA TRAIL
NOKOMIS FL 34275

10. Name and Address of New Registered Agent

B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City FL B5 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0503, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and the 4 applicable. (NOTE: Registered Agent signature required when registering)

12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PT MCCOY, ROBIN L. 2045 TIMUCUA TRAIL NOKOMIS FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S MATUSZAK, WALTER 1415 COLONY PLACE VENICE FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP BOBBET, LENOARD 1408 COLONY PLACE VENICE FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP ILER, NORMAN 758 VILLAGE CR # 208 VENICE FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	C RICH, THOMAS A. 1414 COLONY PLACE VENICE, FL. 34292 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	ASST. S MATUSZAK, W. DAVID 2702 HEATHER PLACE SARASOTA, FL. 34235 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	ASST. T RICH, NAN E. 4309 PASADENA CIRCLE SARASOTA, FL. 34233 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	VP BOBBETT, LEONARD 1406 COLONY PLACE VENICE, FL. 34292 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Robyn L. McCoy PRESIDENT ROBIN L. MCCOY 1-12-95 (813) 4846621
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR