

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 396790 (8)

1. Corporation Name
CAPRI ISLES GOLF, INC.



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

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/01/1972	3a. Date of Last Report 01/23/1995
21. Suite, Apt. #, etc.	22. City & State	23. Zip	24. Country	4. FEI Number 59-1380785	Applied For Not Applicable
25. Suite, Apt. #, etc.	26. City & State	27. Zip	28. Country	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
29. Suite, Apt. #, etc.	30. City & State	31. Zip	32. Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
9. Name and Address of Current Registered Agent				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
MCCOY, ROBIN L. 2045 TIMUCUA TRAIL NOKOMIS FL 34275				81. Name	
				82. Street Address (P.O. Box Number is Not Acceptable)	
				83. City	
				84. City	FL 85. 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 607.0505, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PT	1.1 TITLE	AS
NAME	MCCOY, ROBIN L.	1.2 NAME	W.David Matuszak
STREET ADDRESS	2045 TIMUCUA TRAIL	1.3 STREET ADDRESS	2702 Heather Place
CITY-ST-ZIP	NOKOMIS FL	1.4 CITY-ST-ZIP	Sarasota, FL 34235
TITLE	S	2.1 TITLE	
NAME	MATUSZAK, WALTER	2.2 NAME	
STREET ADDRESS	1415 COLONY PLACE	2.3 STREET ADDRESS	1412 Colony Place
CITY-ST-ZIP	VENICE FL	2.4 CITY-ST-ZIP	
TITLE	VP	3.1 TITLE	VP
NAME	BOBBET, LENOARD	3.2 NAME	ILER, NORMAN P.
STREET ADDRESS	1406 COLONY PLACE	3.3 STREET ADDRESS	Village Circle Rd.#208
CITY-ST-ZIP	VENICE FL	3.4 CITY-ST-ZIP	Venice FL 34292
TITLE	VP	4.1 TITLE	
NAME	BOBBETT, LEONARD	4.2 NAME	BOBBETT, LEONARD
STREET ADDRESS	1406 COLONY PLACE	4.3 STREET ADDRESS	
CITY-ST-ZIP	VENICE FL	4.4 CITY-ST-ZIP	
TITLE	C	5.1 TITLE	
NAME	RICH, THOMAS A.	5.2 NAME	
STREET ADDRESS	1414 COLONY PLACE	5.3 STREET ADDRESS	1348 Clubview Place
CITY-ST-ZIP	VENICE FL	5.4 CITY-ST-ZIP	
TITLE	AT	6.1 TITLE	
NAME	RICH, NAN E.	6.2 NAME	
STREET ADDRESS	4309 PASADENA CIRCLE	6.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL	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 119.07(3)(k), 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: *Robin L. McCoy*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
1-25-96 (941) 494-6621
Date Daytime Phone #

CR2E034 (12/95)