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Feb 24 1997 8:00am
Secretary of State



PROFIT CORPORATION
ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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 34292-2201

3. Date Incorporated or Qualified: 03/01/1972
3a. Date of Last Report: 01/30/1996
4. FEI Number: 59-1380785
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21 Suite, Apt. #, etc.; 22 City & State; 23 Zip; 24 Country
2a. Mailing Address: 26 Suite, Apt. #, etc.; 27 City & State; 28 Zip; 29 Country; 30

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
81 Name: BOBBETT, RONALD M.
82 Street Address (P.O. Box Number is Not Acceptable): 1661 New Seneca Turnpike Skaneateles, NY 13152
83
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		
TITLE	PT	<input type="checkbox"/> DELETE
NAME	MCCOY, ROBIN L.	
STREET ADDRESS	2045 TIMUCUA TRAIL	
CITY - ST - ZIP	NOKOMIS FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	MATUSZAK, WALTER	
STREET ADDRESS	1412 COLONY PLACE	
CITY - ST - ZIP	VENICE FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	ILER, NORMAN P.	
STREET ADDRESS	VILLAGE CIRCLE RD. #208	
CITY - ST - ZIP	VENICE FL	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	BOBBETT, LEONARD	
STREET ADDRESS	1406 COLONY PLACE	
CITY - ST - ZIP	VENICE FL	
TITLE	C	<input type="checkbox"/> DELETE
NAME	RICH, THOMAS A.	
STREET ADDRESS	1348 CLUBVIEW PLACE	
CITY - ST - ZIP	VENICE FL	
TITLE	AT	<input type="checkbox"/> DELETE
NAME	RICH, NAN E.	
STREET ADDRESS	4309 PASADENA CIRCLE	
CITY - ST - ZIP	SARASOTA FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	vp	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	BOBBETT, RONALD M.	
1.3 STREET ADDRESS	1661 New Seneca Turnpike	
1.4 CITY - ST - ZIP	Skaneateles, NY 13152	
2.1 TITLE	AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	MATUSZAK, DAVID W.	
2.3 STREET ADDRESS	2702 Heather Place	
2.4 CITY - ST - ZIP	Sarasota, FL 34235	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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* ROBIN L. MCCOY 2/18/97 941-484-6621
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)