


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**FILED**  
**Feb 24, 1999 8:00 am**  
**Secretary of State**

02-24-1999 90158 049 \*\*\*150.00

0485535

PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
--	---	--

**DOCUMENT # 396790**

1. Corporation Name  
**CAPRI ISLES GOLF, INC.**

Principal Place of Business <b>849 CAPRI ISLES BLVD.                  VENICE FL 34292</b>	Mailing Address <b>849 CAPRI ISLES BLVD.                  VENICE FL 34292</b>
--	--



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>03/01/1972</b>	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number <b>59-1380785</b>	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
23	Zip	28	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
24	Country	29	Country	8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PT <input type="checkbox"/> DELETE	1.1 TITLE	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCCOY, ROBIN L.	1.2 NAME	MATUSZAK, WALTER
STREET ADDRESS	2045 TIMUCUA TRAIL	1.3 STREET ADDRESS	1412 COLONY PLACE
CITY-ST-ZIP	NOKOMIS FL	1.4 CITY-ST-ZIP	VENICE, FL 34292
TITLE	S <input type="checkbox"/> DELETE	2.1 TITLE	S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<del>MATUSZAK, WALTER</del>	2.2 NAME	BOBBETT, RONALD M.
STREET ADDRESS	<del>1412 COLONY PLACE</del>	2.3 STREET ADDRESS	1661 NEW SENECA TRUNPIKE
CITY-ST-ZIP	<del>VENICE FL</del>	2.4 CITY-ST-ZIP	SKANEATELES, NY
TITLE	VP <input type="checkbox"/> DELETE	3.1 TITLE	AS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ILER, NORMAN P.	3.2 NAME	MATUSZAK, DAVID
STREET ADDRESS	VILLAGE CIRCLE RD. #208	3.3 STREET ADDRESS	5313 72ND ST. EAST
CITY-ST-ZIP	VENICE FL	3.4 CITY-ST-ZIP	BRADENTON, FL. 34203
TITLE	VP <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOBBETT, RONALD M.	4.2 NAME	
STREET ADDRESS	1661 NEW SENECA TRUNPIKE	4.3 STREET ADDRESS	
CITY-ST-ZIP	SKANEATELES NY	4.4 CITY-ST-ZIP	
TITLE	C <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RICH, THOMAS A.	5.2 NAME	
STREET ADDRESS	1348 CLUBVIEW PLACE	5.3 STREET ADDRESS	
CITY-ST-ZIP	VENICE FL	5.4 CITY-ST-ZIP	
TITLE	AT <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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, with all other like empowered.

SIGNATURE: Robin L. McCoy **ROBIN L. MCCOY** 1-15-99 (941) 484-6621  
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (11/98)