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NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

708134

Isles of Capri Civic Association, Inc.

FILED Mar 11 1997 8:00am Secretary of State

						 			
Principal Pla	ace of Business	Mailing Add	ress						
336	Capri Blvd.Isles	of Capri	336	Canr	4 1014				
	es, FL 34113	or capri			Capri				
парт	es, In 34113	ľ	Naples,			3. Date Incorporated or Qualified	3a. Date of	Last R	eport
2. Principal	Place of Business	2a, Mailing A	ddress			4.1 PETNUMBER 1964	- 3-2	7−2	6 blied For
ISame		26 same				23-7021161			t Applicable
Suite, Apt # etc		Suite, Apt #, etc.					Certificate of Status Desired S8.75 Additional		
2		27				5. Certificate of Status Desired		Fee Re	quired
City & Str	atio	City & Sta	ate			6. Election Campaign Financing			May Be
3	Country	28 Zip		Country		Trust Fund Contribution		Added (· · · · · · · · · · · · · · · · · · ·
Ζφ 4]	Country 25	29	<u>}</u>	Country 30	•	8. This corporation has liability for Florida Statutes	r intangible tax ι Yes Σ Νι		199.032
<u></u>	9. Name and Address of Curre			30]	·	10. Name and Address of New R			
				B1	Name				
Swab	y, Mary Margaret			<u> </u>	Charact Address	/0.0. D. N			
	Capri Blvd.			82	Street Addre	ess (P.O. Box Number is Not Accepta	ible)		
	es, FL 34113			83					
				84	City		loz	1 7.0 (Code
				64	City		FL 65	T Zip (ode
- 27	am familiar with, and accept the oblig	ations of, Section t	617.0503, Flori	ida Statutes	S .				
SIGNATURE	Signature: lyck-filk printed nan e of registered ag	ent and title if appropable		Registered Age		od when roinstaling)	DATE		
SIGNATURE	Signature: lyck-filk printed nan e of registered ag	ent and title if applicable ID DIRECTORS	-310N)	Registered Age		ad when renstating) ADDITIONS/CHANGES TO OFFI	ICERS AND DIR		
SIGNATURE	Signature Type Liz puriest raine of registered ag OFFICERS AN	ent and title if applicable ID DIRECTORS		Registered Age 13.	ent signature require	ADDITIONS/CHANGES TO OFF	ICERS AND DIR	IECTOR Change	
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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 0. 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 in Block 12 or Block, 13 if changed, or on an attachment with par address