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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 745424 (2)
1. Corporation Name
THE 12080 CAPRI CIRCLE SOUTH CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business 12080 CAPRI CIRCLE S TREASURE ISLAND FL 33706	Mailing Address 12080 CAPRI CIRCLE S TREASURE ISLAND FL 33706
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 12/29/1978	3a. Date of Last Report 05/01/1994
4. FEI Number 59-3010287	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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 189.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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
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9. Name and Address of Current Registered Agent

**ELIKER, DIRK
12080 CAPRI CIR S
#202
TREASURE ISLAND FL 33706**

10. Name and Address of New Registered Agent

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	FL

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 officer 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 use if applicable. (NOTE: Registered Agent signature required when remaining)

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD HAVERSON, JUDITH 12080 CAPRI CIR SO TREASURE ISLAND FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD HOLT, CURT 12080 CAPRI CIR S TREASURE ISLAND FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD FLORWER, SAM 12080 CAPRI CIR S TREASURE ISLAND FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	I CURETON, STEVE 12080 CAPRI CIR S TREASURE ISLAND 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	PD HOLT, HELEN 12080 CAPRI CIR SO TREASURE ISLAND FL 33706 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	VD ELIKER, DIRK 12080 CAPRI CIR SO TREASURE ISLAND FL 33706 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	SD CURETON, STEVEN 12080 capri Cir So TREASURE ISLAND FL 33706 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	TD FOWLER, SANDRA 12080 CAPRI CIR SO TREASURE ISLAND FL 33706 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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)(k), Florida Statutes. I further certify that the information contained 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 (changed, or on an attachment with an address.

SIGNATURE: *Sandra F. Fowler* **4-22-95 594-3431**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR