

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 754382 (0)
1. Corporation Name
CAPRI COVE ADULT CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
**11700 CAPRI CIRCLE S.
TREASURE ISLAND FL 33706**

Mailing Address
**11700 CAPRI CIRCLE S.
TREASURE ISLAND FL 33706**

3. Date Incorporated or Qualified
09/26/1980

3a. Date of Last Report
02/13/1995

4. FEI Number
59-2049111

Applied For
☐ Not Applicable

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

9. Name and Address of Current Registered Agent

**LOCKE, CHARLES L. C.P.A.
7005 CENTRAL AVE.
ST. PETERSBURG FL 33710**

10. Name and Address of New Registered Agent

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

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title of application

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	STD	<input checked="" type="checkbox"/> DELETE
NAME	BENOIT, JOSEPH R.	
STREET ADDRESS	11700 CAPRI CIRCLE S #3	
CITY-ST-ZIP	TREASURE ISLAND FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	WETZEL, MAUREEN T.	
STREET ADDRESS	11700 CAPRI CIRCLE S #8	
CITY-ST-ZIP	TREASURE ISLAND FL	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	BOX, WINN F.	
STREET ADDRESS	11700 CAPRI CRCL, S., #5	
CITY-ST-ZIP	TREASURE ISLAND FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	STD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	BOX, WINN F.	
13 STREET ADDRESS	11700 CAPRI CIRCLE S, #5	
14 CITY-ST-ZIP	TREASURE ISLAND, FL 33706	
21 TITLE	VD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	TOM KEWIN	
23 STREET ADDRESS	11700 CAPRI CIRCLE S, #10	
24 CITY-ST-ZIP	TREASURE ISLAND, FL 33706	
31 TITLE	PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	PAUL PARKER	
33 STREET ADDRESS	11700 CAPRI CIRCLE S, #9	
34 CITY-ST-ZIP	TREASURE ISLAND, FL 33706	
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Winn F. Box **WINN F. BOX** **2-8-96** **(813)578-4400**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)