

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 23 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 754382 (0)**  
1. Corporation Name  
**CAPRI COVE ADULT CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business <b>11700 CAPRI CIRCLE S. TREASURE ISLAND FL 33706</b>	Mailing Address <b>C/O SUE LAMONT 250-104TH AVE. TREASURE ISLAND FL 33706 US</b>
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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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3. Date Incorporated or Qualified <b>09/26/1980</b>	4. FE# Number <b>59-2049111</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**LAMONT, SUE E  
250 104TH AVE.  
TREASURE ISLAND FL 33706**

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

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 if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS	
TITLE	PD <input type="checkbox"/> DELETE
NAME	<b>SCHLOTT, PETER</b>
STREET ADDRESS	<b>11700 CAPRI CIRCLE S., #6</b>
CITY-ST-ZIP	<b>TREASURE ISLAND FL</b>
TITLE	STD <input checked="" type="checkbox"/> DELETE
NAME	<b>WETZEL, MAUREEN</b>
STREET ADDRESS	<b>11700 CAPRI CIRCLE S., #8</b>
CITY-ST-ZIP	<b>TREASURE ISLAND FL</b>
TITLE	VPD <input checked="" type="checkbox"/> DELETE
NAME	<b>PARKER, PAUL</b>
STREET ADDRESS	<b>11700 CAPRI CIRCLE 9</b>
CITY-ST-ZIP	<b>TREASURE ISLAND FL</b>
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	
1.1 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>SCHLOTT, Peter</b>
1.3 STREET ADDRESS	<b>11700 Capri Circle S #6</b>
1.4 CITY-ST-ZIP	<b>T.I., FL 33706</b>
2.1 TITLE	STD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>KERWIN, TOM</b>
2.3 STREET ADDRESS	<b>11700 CAPRI CIRCLE S. #10</b>
2.4 CITY-ST-ZIP	<b>TREASURE ISLAND, FL 33706</b>
3.1 TITLE	PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>LUTHER, JACK</b>
3.3 STREET ADDRESS	<b>8235 TALL TREES CT.</b>
3.4 CITY-ST-ZIP	<b>ELLIOTT CITY, MD 21043</b>
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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*Tom Kerwin* **REQUIRED**

3/13/98

360-3644

CR2E037 (10/97)