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NONPROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # N07960 (0)

1. Corporation Name
CAPRI HARBOR SOUTH CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
300 31ST ST N. SUITE 125 P.O. BOX 12709 ST. PETERSBURG FL 33733-9709	300 31ST ST N. SUITE 125 P.O. BOX 12709 ST. PETERSBURG FL 33733-9709

3. Date Incorporated or Qualified: 03/05/1985
3a. Date of Last Report: 04/19/1995
4. FEI Number: 59-2877340 ☐ 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
. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21 3001 Executive Drive	26 3001 Executive Drive
Suite, Apt. #, etc. 22 Suite 260	Suite, Apt. #, etc. 27 Suite 260
City & State 23 Clearwater, FL	City & State 28 Clearwater, FL
Zip 24 34622 ; U.S.A.	Zip 29 34622 30 U.S.A.

9. Name and Address of Current Registered Agent

STONE, GEORGIA
500 31ST ST NORTH, SUITE 125
ST. PETERSBURG FL 33173

10. Name and Address of New Registered Agent

81 Name: Rand E. McNeal
82 Street: Condominium Associates
83: 3001 Executive Drive, Suite 260
84 City: Clearwater FL 85 Zip Code: 34622

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: Rand E. McNeal (Signature, typed or printed name of registered agent and title if applicable) Rand E McNeal (NOTE: Registered Agent signature required when reinstating) DATE: 4/10/96

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD KILROY, GARY 12110 CAPRI CIRCLE S. TREASURE ISLAND FL	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP LIPPMAN, WALTER 12116 CAPRI CIRCLE S. TREASURE ISLAND FL	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	V	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD MEEHAN, WILLIAM 12130 CAPRI CIRCLE S. TREASURE ISLAND FL	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD MCCORD, JOHN 12146 CAPRI CIR. S. TREASURE ISLAND FL	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	D Dubinsk, Mildred 12210 2nd Street E Treasure Island, FL 33706	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ 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 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: Gary E. Kilroy 4-15-96 813/573-9300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (12/95)

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