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Apr 06 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1998

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
3001 EXECUTIVE DRIVE SUITE 260 CLEARWATER FL 34622 US	3001 EXECUTIVE DRIVE SUITE 260 CLEARWATER FL 34622 US

3. Date Incorporated or Qualified: 03/05/1985

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

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 3001 EXECUTIVE DR	26 3001 EXECUTIVE DR.
Suite, Apt. #, etc. 22 260	Suite, Apt. #, etc. 27 260
City & State 23 CLEARWATER, FL	City & State 28 CLEARWATER, FL
Zip / Country 24 33762 / 25 USA	Zip / Country 29 33762 / 30 USA

9. Name and Address of Current Registered Agent

MCNEAL, RAND E.
CONDOMINIUM ASSOCIATES
3001 EXECUTIVE DRIVE SUITE 260
CLEARWATER FL 34622

10. Name and Address of New Registered Agent

81 Name: Condominium Associates
82 Street Address (P.O. Box Number is Not Acceptable): 3001 Executive Drive Suite 260
83
84 City: Clearwater **FL** 85 Zip Code: 33762

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: Condominium Associates By Craig Caldwell VICE PRESIDENT 4-1-98
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	KILROY, GARY		1.2 NAME		
STREET ADDRESS	12110 CAPRI CIRCLE S.		1.3 STREET ADDRESS		
CITY-ST-ZIP	TREASURE ISLAND FL		1.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	LIPPMANN, WALTER		2.2 NAME		
STREET ADDRESS	12116 CAPRI CIRCLE S.		2.3 STREET ADDRESS		
CITY-ST-ZIP	TREASURE ISLAND FL		2.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	MEEHAN, WILLIAM		3.2 NAME		
STREET ADDRESS	12130 CAPRI CIRCLE S.		3.3 STREET ADDRESS		
CITY-ST-ZIP	TREASURE ISLAND FL		3.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	MCCORD, JOHN		4.2 NAME		
STREET ADDRESS	12146 CAPRI CIR. S.		4.3 STREET ADDRESS		
CITY-ST-ZIP	TREASURE ISLAND FL		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	DUBINSKI, MILDRED		5.2 NAME		
STREET ADDRESS	12210 2ND STREET E		5.3 STREET ADDRESS		
CITY-ST-ZIP	TREASURE ISLAND FL		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (10/97)

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: Gary E Kilroy (GARY E. KILROY) PRESIDENT 2/6/98 (813) 360-8419