

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 # N09760 (2)
1. Corporation Name
CAPRI MOTOR LODGE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business Mailing Address
% J ARMAND MARTIN
360 CAPRI BLVD. ISLES OF CAPRI
NAPLES FL 33962

3. Date incorporated or Qualified **06/14/1985** 3a. Date of Last Report **01/30/1995**

2. Principal Place of Business 2a. Mailing Address

4. FEI Number **59-2833603** Applied For Not Applicable

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

22 City & State 27 City & State

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

23 Zip Country 28 Zip Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

24 25 29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MCCOY, MARY JANE
330 KON TIKI DR A3
NAPLES FL 33962

81 Name *Ed Forsythe*
82 Street Address (P.O. Box Number is Not Acceptable) *360 Capri Blvd., 108*
83 *Naples, Fl. 33962*
84 City **FL** 85 Zip Code **33962**

11. Pursuant to the provisions of Sections 617.0502 and 617.0508, 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 *Ed Forsythe*

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD <input checked="" type="checkbox"/> DELETE	1.1 TITLE <i>Ed Forsythe</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FORSYTHE, REGINA	1.2 NAME
STREET ADDRESS	P.O. BOX 1333 N/A	1.3 STREET ADDRESS <i>360 Capri Blvd. #108</i>
CITY-ST-ZIP	LAKELAND FL	1.4 CITY-ST-ZIP <i>Naples, Fl. 33962</i>
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN, SHIRLEY	2.2 NAME
STREET ADDRESS	81 DOLPHIN CIR	2.3 STREET ADDRESS <i>SEC-TRES. SHIRLEY BROWN</i>
CITY-ST-ZIP	NAPLES FL	2.4 CITY-ST-ZIP <i>81 DOLPHIN CIR. NAPLES FL 33962</i>
TITLE	STO <input checked="" type="checkbox"/> DELETE	3.1 TITLE <i>Regina McCoy</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCCOY, MARY JANE	3.2 NAME
STREET ADDRESS	330 KON TIKI DR A3	3.3 STREET ADDRESS <i>360 Capri Blvd., 108</i>
CITY-ST-ZIP	NAPLES FL	3.4 CITY-ST-ZIP <i>Naples, Fl. 33962</i>
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME
STREET ADDRESS		4.3 STREET ADDRESS
CITY-ST-ZIP		4.4 CITY-ST-ZIP
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME
STREET ADDRESS		5.3 STREET ADDRESS
CITY-ST-ZIP		5.4 CITY-ST-ZIP
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE 000001773698 <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME -04/09/96--01063--018
STREET ADDRESS		6.3 STREET ADDRESS ***61.25
CITY-ST-ZIP		6.4 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: *Peggy Mortham*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-5-96
Date

941-642-7440
Daytime Phone #

CR2E037 (12/95)

941-642-7440