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Jul 10 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # N09760
1. Corporation Name
Capri Motel Lodge Condo. Association
c/o J. Armand Martin
360 Capri Blvd., Isles of Capri, Naples, FL 33962

Principal Place of Business Mailing Address
Capri Motel Lodge Condo *Capri Motel Lodge Condo*
360 Capri Blvd. *c/o J. Armand Martin*
Naples, FL 34113 *360 Capri Blvd., Isles of Capri*
Naples, FL 33962

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 *J. Armand Martin*
22 City & State 27 *360 Capri Blvd., #106*
23 Zip 28 *Naples, FL*
24 Country 29 *34113* 30 *Collier*

3. Date Incorporated or Qualified 3a. Date of Last Report
Jan. 1996

4. FEI Number Applied For
59-28 33603 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

9. Name and Address of Current Registered Agent
J. Armand Martin
360 Capri Blvd., Isles of Capri
Naples, FL 33962

10. Name and Address of New Registered Agent
81 Name *Peggy Solomon*
82 Street Address (P.O. Box Number is Not Acceptable)
360 Capri Blvd., #106
83
84 City *Naples* FL 85 Zip Code *34113*

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 *Peggy Solomon* DATE *7-7-97*
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	<i>Eddie Jacoby DP</i>	<input type="checkbox"/> DELETE
NAME	<i>360 Capri Blvd. #108</i>	
STREET ADDRESS	<i>Naples, FL 34113</i>	
CITY-ST-ZIP		
TITLE	<i>Peggy Solomon DVP</i>	<input type="checkbox"/> DELETE
NAME	<i>360 Capri Blvd., #106</i>	
STREET ADDRESS	<i>Naples, FL 34113</i>	
CITY-ST-ZIP		
TITLE	<i>Suelyn Cooke DS</i>	<input checked="" type="checkbox"/> DELETE
NAME	<i>60 Range Way Rd.</i>	
STREET ADDRESS	<i>N. Billerica, MA 01862</i>	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<i>Jerry Danko DGT</i> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<i>1602 Grosz St.</i>
3.3 STREET ADDRESS	<i>Boulder, CO 80302</i>
3.4 CITY-ST-ZIP	
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	000002235540
5.3 STREET ADDRESS	-07/11/97--01004--003
5.4 CITY-ST-ZIP	***61.25
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 do 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 unchanged, or on an attachment with an address.

SIGNATURE: *Peggy Solomon* DATE: *7-7-97* DAYTIME PHONE #: *941-642-7440*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/96)