

FILE NOW: FILING FEE IS \$61.25

FILED
Mar 13 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N09760 (2)
 1. Corporation Name
CAPRI MOTOR LODGE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business CAPRI MOTOR LODGE CONDO 360 CAPRI BLVD. NAPLES FL 34113	Mailing Address C/O PEGGY SOLOMON 360 CAPRI BLVD., #106 NAPLES FL 34113
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3. Date Incorporated or Qualified 06/14/1985		
4. FEI Number 59-2833603	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input 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 type="checkbox"/> No		

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
24 Zip	29 Zip
25 Country	30 Country

9. Name and Address of Current Registered Agent
**SOLOMON, PEGGY
360 CAPRI BLVD., #106
NAPLES FL 34113**

10. Name and Address of New Registered Agent

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

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* **3-2-98**
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 <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FORSYTHE, ED	1.2 NAME	
STREET ADDRESS	360 CAPRI BLVD., #106	1.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL 34113	1.4 CITY-ST-ZIP	
TITLE	DVP <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SOLOMON, PEGGY	2.2 NAME	<i>DVP Chris Middlebrook</i>
STREET ADDRESS	360 CAPRI BLVD., #106	2.3 STREET ADDRESS	<i>365 Capri Blvd.</i>
CITY-ST-ZIP	NAPLES FL 34113	2.4 CITY-ST-ZIP	<i>Naples, FL 34113</i>
TITLE	DS <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COOKE, EVELYN	3.2 NAME	<i>DS/T Pat Johnson</i>
STREET ADDRESS	60 RANGE WAY ROAD	3.3 STREET ADDRESS	<i>594 Creekside Dr.</i>
CITY-ST-ZIP	N. BILLERICA MA 01862	3.4 CITY-ST-ZIP	<i>July, HI 48098</i>
TITLE	DST <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DANKA, TERRY	4.2 NAME	
STREET ADDRESS	1602 GROAL ST.	4.3 STREET ADDRESS	
CITY-ST-ZIP	BOULDER CO 80302	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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: *[Signature]* **03.02.98 9413942575**

CP2E037 (10/97)