

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**FILED**  
**May 17, 1999 8:00 am**  
**Secretary of State**

05-17-1999 90089 030 \*\*\*\*61.50

*Not For Profit*  
 CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # **NO9760**  
 1. Corporation Name **NOT FOR PROFIT**

**Capri Motor Lodge Condominium Assn.**  
**360 Capri Blvd.**  
**Naples, FL 34113**

Principal Place of Business Mailing Address

**Capri Motor Lodge Condominium Assn.**  
**360 Capri Blvd., #213**  
**Naples, FL 34113**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 <b>Same</b>	26 <b>Same</b>
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip Country	29 Zip Country
25	30

3. Date Incorporated or Qualified	4. FEI Number	Applied For
	<b>N/A</b>	Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>Peggy Solomon</b> <b>360 Capri Blvd, #106</b> <b>Naples, FL 34113</b>				81 Name	<b>Mary Lou Butler-Gonzales</b>		
				82 Street Address (P.O. Box Number is Not Acceptable)	<b>360 Capri Blvd., #207</b>		
				83	<b>Naples, FL 34113</b>		
				84 City	<b>Naples</b>	85 Zip Code	<b>FL 34113</b>

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE *Mary Lou Butler-Gonzales* DATE **4-14-99**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE DP	<input checked="" type="checkbox"/> DELETE	1.1 TITLE DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>D. Edward Forsythe</b>	1.2 NAME	<b>Mary Lou Butler-Gonzales</b>
STREET ADDRESS	<b>360 Capri Blvd., #108</b>	1.3 STREET ADDRESS	<b>360 Capri Blvd. #207</b>
CITY-ST-ZIP	<b>Naples, FL 34113</b>	1.4 CITY-ST-ZIP	<b>Naples, FL 34113</b>
TITLE DVS	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Chris Middlebrook</b>	2.2 NAME DT	<b>Hildegarde Knowles</b>
STREET ADDRESS	<b>365 Capri Blvd.</b>	2.3 STREET ADDRESS	<b>1205 Wildcrest Dr.</b>
CITY-ST-ZIP	<b>Naples, FL 34113</b>	2.4 CITY-ST-ZIP	<b>Manchester, TN 37355</b>
TITLE DT	<input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Patricia Johnson</b>	3.2 NAME DS	<b>Patricia Johnson</b>
STREET ADDRESS	<b>Charmwood Hills</b>	3.3 STREET ADDRESS	<b>Charmwood Hills</b>
CITY-ST-ZIP	<b>6437 Malvern</b>	3.4 CITY-ST-ZIP	<b>6437 Malvern</b>
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<b>Troy, MI 48098</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Troy, MI 48098</b>	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	<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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Mary Lou Butler-Gonzales* DATE **4-14-99** DAYTIME PHONE # **642-8704**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)