FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 24 PM 3:52

DOCUMENT # 811965 (3)

1. Corporation Name
CAPRI CO-OPERATIVE APARTMENTS INC

Principal Place of Business	Mailing Address
5700 OLD OCEAN BLVD. 5011 N.OCEAN BLVD.,STE.1 OCEAN RIDGE FL 33435 US	% ASSOCIATION MANAGEMENT GROUP INC. 7187 THOMPSON RD. LANTANA FL 33462

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/29/1957
3a. Date of Last Report: 04/28/1994
4. FEI Number: 59-1706424 ☐ 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
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

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

9. Name and Address of Current Registered Agent

AASKOV, GAIL ADAMS
5011 N.OCEAN BLVD.,STE.1
OCEAN RIDGE FL 33435

10. Name and Address of New Registered Agent

81 Name: JANET HUCKABY
82 Street Address (P.O. Box Number is Not Acceptable): 7187 Thompson ROAD
83
84 City: LANTANA FL FL 85 Zip Code: 33462

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: Janet Huckaby — JANET HUCKABY MANAGER   Janet Huckaby   2-15-95

12. OFFICERS AND DIRECTORS

TITLE	VD
NAME	WILLIAMS, WAYNE
STREET ADDRESS	5700 OLD OCEAN BLVD
CITY-ST-ZIP	OCEAN RIDGE FL
TITLE	PD
NAME	WEIR, RICHARD
STREET ADDRESS	5700 OLD OCEAN BLVD
CITY-ST-ZIP	OCEAN RIDGE, FL 00000
TITLE	SD
NAME	KLINGENBERG, KAREN
STREET ADDRESS	5700 OLD OCEAN BLVD
CITY-ST-ZIP	OCEAN RIDGE FL
TITLE	DT
NAME	WEIR, CAROLYN
STREET ADDRESS	5700 OLD OCEAN BLVD.
CITY-ST-ZIP	OCEAN RIDGE, FL 00000
TITLE	PD
NAME	KELLY, CLAUDE
STREET ADDRESS	5700 OLD OCEAN BLVD
CITY-ST-ZIP	OCEAN RIDGE FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VD	☐ Change ☒ Addition
1.2 NAME	GORDON CAMERON	
1.3 STREET ADDRESS	5700 OLD OCEAN BLVD	
1.4 CITY-ST-ZIP	OCEAN RIDGE, FL 33435	
2.1 TITLE	DT	☐ Change ☒ Addition
2.2 NAME	DEE PALUSCI	
2.3 STREET ADDRESS	5700 OLD OCEAN BLVD	
2.4 CITY-ST-ZIP	Ocean Ridge FL 33435	
3.1 TITLE	SD	☐ Change ☒ Addition
3.2 NAME	MARY ANN Collins	
3.3 STREET ADDRESS	5700 OLD OCEAN BLVD	
3.4 CITY-ST-ZIP	OCEAN RIDGE, FL 33435	
4.1 TITLE	D	☐ Change ☒ Addition
4.2 NAME	Dorothy Kelly	
4.3 STREET ADDRESS	5700 OLD OCEAN BLVD	
4.4 CITY-ST-ZIP	OCEAN RIDGE, FL 33435	
5.1 TITLE	PRESIDENT	☒ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ 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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(1)(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.

SIGNATURE: Claude Kelly — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   2-15-95 (407) 965-4486