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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 APR 13 PM 3:07

DOCUMENT # 752637 (9)

1. Corporation Name

ESTANCIAS OF CAPRI ISLES CONDOMINIUM ASSOCIATION ,INC.

Principal Place of Business	Mailing Address
[redacted]ESTANCIAS P.O. BOX 1947 VENICE FL 34284	PO BOX 1947 VENICE FL 34284 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/27/1980
3a. Date of Last Report: 04/13/1994
4. FEI Number: 59-2069986 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business
21 650 Avenida Estancias
Suite, Apt. #, etc. 22
City & State 23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc. 27
City & State 28
Zip 29 Country 30

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. *The corporation has liability for intangible tax under S. 199.032,* Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

HELDMANN GEORGE J
754D AVENIDA ESTABCUAS
VENICE FL 34292

10. Name and Address of New Registered Agent

81 Name: John L. Gibson
82 Street Address (P.O. Box Number is Not Acceptable): 650 F Avenida Estancias
83
84 City: Venice **FL** 85 Zip Code: 34293

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: John L. Gibson 4/10/94
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	11 TITLE PD	PD	☒ Change ☐ Addition
NAME	HELDMANN, GEORGE J	12 NAME	Gibson, John L.	
STREET ADDRESS	754D AVENIDA ESTANCIAS	13 STREET ADDRESS	650 F Avenida Estancias	
CITY-ST-ZIP	VENICE FL	14 CITY-ST-ZIP	Venice, FL 34293	
TITLE	STD	21 TITLE		☐ Change ☐ Addition
NAME	SZYMANSKI, STEPHANIE	22 NAME		
STREET ADDRESS	762B AVENIDA ESTANCIAS	23 STREET ADDRESS		
CITY-ST-ZIP	VENICE FL	24 CITY-ST-ZIP		
TITLE	VD	31 TITLE	VD	☒ Change ☐ Addition
NAME	GIBSON, JOHN L	32 NAME	Suau, Elio	
STREET ADDRESS	760F AVENIDA ESTANICAS	33 STREET ADDRESS	752L Avenida Estancias	
CITY-ST-ZIP	VENICE FL	34 CITY-ST-ZIP	Venice,FL 34293	
TITLE	TD	41 TITLE		☐ Change ☐ Addition
NAME	HILLMAN, JOHN B.	42 NAME		
STREET ADDRESS	758 E AVENIDA ESTANCIAS	43 STREET ADDRESS		
CITY-ST-ZIP	VENICE FL	44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 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)(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: John L Gibson 4/10/95 443-8505
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0004207