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May 08 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **752637** (9)

1. Corporation Name

**ESTANCIAS OF CAPRI ISLES CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business

**650 AVENIDA ESTANCIAS  
P.O. BOX 1947  
VENICE FL 34284  
US**

Mailing Address

**PO BOX 1947  
VENICE FL 34284-1947  
US**



3. Date Incorporated or Qualified **05/27/1980** 3a. Date of Last Report **05/24/1996**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GIBSON, JOHN L.  
650 F AVENIDA ESTANCIAS  
VENICE FL 34282**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

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 no obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

*John L. Gibson*

(NOTE: Registered Agent signature required when reinstating)

**4/24/97**

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE  
NAME **PD**  
STREET ADDRESS **GIBSON, JOHN L.**  
CITY-ST-ZIP **650 F. AVENIDA ESTANCIAS  
VENICE FL 34292**

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME **STD**  
STREET ADDRESS **SZYMANSKI, STEPHANIE**  
CITY-ST-ZIP **7628 AVENIDA ESTANCIAS  
VENICE FL**

2.1 TITLE ☒ Change ☐ Addition  
2.2 NAME **JADICE M. DILLON**  
2.3 STREET ADDRESS **750 F AVENIDA ESTANCIA**  
2.4 CITY-ST-ZIP **VENICE, FL**

TITLE ☐ DELETE  
NAME **VD**  
STREET ADDRESS **SUAU, ELIO**  
CITY-ST-ZIP **7521 AVENIDA ESTANCIAS  
VENICE FL**

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME **TD**  
STREET ADDRESS **HILLMAN, JOHN B.**  
CITY-ST-ZIP **758 E AVENIDA ESTANCIAS  
VENICE FL**

4.1 TITLE ☒ Change ☐ Addition  
4.2 NAME **TID**  
4.3 STREET ADDRESS **SOUIC, LOUISE**  
4.4 CITY-ST-ZIP **7603 AVENIDA ESTANCIAS  
VENICE FL**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
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 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*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/24/97** (94) **493-8505**  
Date Daytime Phone # **0064356**

CR2E037 (9/96)