**PROFIT CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # 811965 1. Corporation Name

CAPRI CO-OPERATIVE APARTMENTS INC

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

## Mar 01, 1999 8:00 am Secretary of State

03-01-1999 90051 023 \*\*\*150.00



Principal Place of Business Mailing Address							
5700 OLD OCEAN BLVD.				MENT GF	ROUP	INC.	
OCEAN RIDGE FL 33435 7187 THOMPSON RD.						DO NOT WRITE IN THIS SPACE	
US		LANTA	NA FL 33462				3. Date incorporated or Qualifed
							05/29/1957
2 Principal P	tace of Business	Za. Mi	ailing Address				4. FEI Number Applied For
21		26	3				<b>59-1706424</b> Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.			ite, Apt. #, etc.				5. Certificate of Status Desired S8.75 Additional
27						5. Certificate of Status Desired [_] Fee Required	
City & Stat	е	Ci	ty & State	_			6. Election Campaign Financing \$5.00 May Be
23		28					Trust Fund Contribution Added to Fees
Zip	Country	Zip	)		ıntry		8. This corporation owes the current year Intangible Personal Property Tax Yes  No
24	25	29	- d &	30	ı —		Personal Property Tax.  10. Name and Address of New Registered Agent
	9. Name and Address of Current	Registere	a Agent		81	Name	10. Maille and Address of New Registered Agent
HUC	KABY, JANET					7101110	
	THOMPSON RAOD				82	Street	Address (P.O. Box Number is Not Acceptable)
	TANA FL 33462				83		
					84	City	FL 85 Zip Code
office or r	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligation	of Florida. S	Such change was a	utnonze	o ov	the corpo	corporation submits this statement for the purpose of changing its registered oration's board of directors. I hereby accept the appointment as registered
SIGNATURE	JANET HUCKABY		Clanet	<i>bluc</i>	مط	Bu.	<u>2-1-99</u>
	Signature, typed or printed name of registered agent			Registered	Agen	t sign tore r	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
12.	PD OFFICERS ANI	) DIRECT	DELETE	13. 1.1 Ti	D E		ADDITIONS/CHANGES TO CYTICENS AND DIRECTORS IN 12
NAME	WALKER, KEVIN			1.2 N		ļ	Burns, Kirk
STREET ADDRESS	CTAN OLD COCKNIBILID					ADDRESS	5700 OLD OCEAN BIUD.
	OCEAN RIDGE FL 33435				ITY-S1		OCEAN RIDGE, FL 33435
CITY-ST-ZIP TITLE	SD SD		☐ DELETE	2.1 Π			Change Addition
NAME	PALUSCI, DEE			2.2 N	AME		Finan, Tom
STREET ADDRESS				2.3 \$	TREET	ADDRESS	STOO OLD OCCUP BIVE.
CITY-ST-ZIP	OCEAN RIDGE, FL 00000 3343	5		2.40	ITY-S	T-ZIP	OCEAN RIDGE, FL 33435
TITLE	TD		☐ DELETE	3.1 Ti	TLE		SO Change - Addition
NAME	COLLINS, MARY ANN			3 2 N	AME		KI, maen Berg, KAREN
STREET ADDRESS	5700 OLD OCEAN BLVD.			3.3 S	TREET	ADDRESS	5700 Olo OdeAN BIVD
CITY-ST-ZIP	OCEAN RIDGE, FL 00000 3343	5		_	ITY-S	T- ZIP	OCEAN KIDGE, FL
TITLE	D		☐ DELETE	4.1 Ti	TLE		TO Addition
NAME	KLINGENBERG, KAREN			4.21	IAME		PANUSCI, Dee
STREET ADDRESS						ADDRESS	3700 010 000 110
CITY-ST-ZIP	OCEAN RIDGE FL 33435				ITY-S	-ZiP	
TITLE	VP		DELETE	5.1 Ti 5.2 N			Change Addition
NAME	BURNS, KIRK					ADDRESS	EDAD OND OCCUPA BLAD
STREET ADDRESS	U			. I	IREE: ITY-S		OCEAN Ridge, FL 33435
CITY-ST-ZIP	OCEAN RIDGE FL		☐ DELETE	6.1 T	_	1-4IF	Change Addition
TITLE				62 N			
NAME	1						i l

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.

6.3 STREET ADDRESS

STREET ADDRESS