


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 12, 2004 8:00 am
Secretary of State

04-12-2004 90328 036 ****61.25

DOCUMENT # 752637	
1. Entity 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 US
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



MOORE CR2E037 (11/03)

4. FEI Number 59-2069986	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent LUTTRELL, DONALD 766H AVENIDA ESTANCIAS VENICE FL 34292

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City
State FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

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

FILE NOW: FEE IS \$61.25 Due By May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS	
TITLE PD	<input type="checkbox"/> Delete
NAME LUTTRELL, DONALD	
STREET ADDRESS 766H AVENIDA ESTANCIAS	
CITY-ST-ZIP VENICE FL 34292	
TITLE STD	<input type="checkbox"/> Delete
NAME TESTA, NORMA	
STREET ADDRESS 760C AVENIDA ESTANCIAS	
CITY-ST-ZIP VENICE F 34292	
TITLE VD	<input type="checkbox"/> Delete
NAME ULRICH, RICHARD	
STREET ADDRESS 764K AVENIDA ESTANCIAS	
CITY-ST-ZIP VENICE FL 34292	
TITLE TD	<input checked="" type="checkbox"/> Delete
NAME LINTON, DAUDAINS	
STREET ADDRESS 7660 AVENIDA ESTANCIAS	
CITY-ST-ZIP VENICE FL 34292	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Donald Luttrell* **President - 4-6-04**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #