


FILE NOW: FILING FEE IS \$61.25

FILED
Mar 11 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 708134 1. Corporation Name Isles of Capri Civic Association, Inc.			
Principal Place of Business		Mailing Address	
336 Capri Blvd. Isles of Capri Naples, FL 34113		336 Capri Blvd. Isles of Capri Naples, FL 34113	
2. Principal Place of Business	2a. Mailing Address	4. FEI Number	3a. Date of Last Report
21 <i>same</i>	26 <i>same</i>	11-12-1964 23-7021161	3-27-96 Applied For Not Applicable
22 Suite, Apt #, etc.	27 Suite, Apt #, etc.	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
23 City & State	28 City & State	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
24 Zip	25 Country	29 Zip	30 Country
24	25	29	30
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
Swaby, Mary Margaret 409 Capri Blvd. Naples, FL 34113		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 the obligations of, Section 617.0503, Florida Statutes.			
SIGNATURE		DATE	
Signature, typed or printed name of registered agent and title if applicable		(NOTE: Registered Agent signature required when reinstating)	
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	11 TITLE	12 NAME
PD	Vincent A Criscuoli	Change	PD DeVolder, Nancy
STREET ADDRESS	401 Cristobal St.	13 STREET ADDRESS	407 Cristobal St.
CITY - ST - ZIP	Naples, FL 34113	14 CITY - ST - ZIP	Naples, FL 34113
TITLE	NAME	21 TITLE	22 NAME
Vice President	Geo B Moore	Change	Vice President
STREET ADDRESS	14 Hawk St., Naples FL 34113	23 STREET ADDRESS	Darrell Beck
CITY - ST - ZIP		24 CITY - ST - ZIP	2 East Pelican, Naples, FL 34113
TITLE	NAME	31 TITLE	32 NAME
Secretary	Marco, Beryl	Change	Secretary
STREET ADDRESS	11 Capri Blvd, Naples, FL 34113	33 STREET ADDRESS	Henry, Claudia
CITY - ST - ZIP		34 CITY - ST - ZIP	107 W Pago Pago, Naples, FL 34113
TITLE	NAME	41 TITLE	42 NAME
Treasurer	Betzley, Hilda	Change	
STREET ADDRESS	404 Samar Ave., Naples, FL 34113	43 STREET ADDRESS	
CITY - ST - ZIP		44 CITY - ST - ZIP	
TITLE	NAME	51 TITLE	52 NAME
Director	Strouse, Geo.	Change	
STREET ADDRESS	403 Granada, Naples, FL 34113	53 STREET ADDRESS	
CITY - ST - ZIP		54 CITY - ST - ZIP	
TITLE	NAME	61 TITLE	62 NAME
Director	Swaby, Mary Margaret	Change	
STREET ADDRESS	409 Capri Blvd, Naples, FL 34113	63 STREET ADDRESS	
CITY - ST - ZIP		64 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: <i>Hilda S. Betzley</i>		3-6-97 Treasurer	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	
<i>Hilda S. Betzley</i>			

CR2E037 (9/96)

3-11-97