

FILE NOW: FILING FEE IS \$61.25

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**Mar 27 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 708134 (2)
1. Corporation Name
ISLES OF CAPRI CIVIC ASSOCIATION, INC.



Principal Place of Business 407 Cristobal 306 CAPRI BLVD. ISLES OF CAPRI NAPLES FL 34113	Mailing Address 407 Cristobal 306 CAPRI BLVD. ISLES OF CAPRI NAPLES FL 34113
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3. Date Incorporated or Qualified 11/19/1964	
4. FEI Number 23-7021161	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No NA	

21. Principal Place of Business Suite, Apt. #, etc.	22. City & State	23. Zip	24. Country	25.	26. Mailing Address Suite, Apt. #, etc.	27. City & State	28. Zip	29. Country	30.
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9. Name and Address of Current Registered Agent
SWABY, MARY MARGARET
409 CAPRI BLVD
NAPLES FL 33962

10. Name and Address of New Registered Agent
81 Name **Jerilyn Crowder**
82 Street Address (P.O. Box Number is Not Acceptable)
156 Capri Blvd.
83
84 City **Naples** FL 85 Zip Code **34113**

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 **JERILYN CROWDER** *Jerilyn Crowder* DATE **3-19-98.**

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	DEVOLDER, NANCY	
STREET ADDRESS	407 CRISTOBAL ST.	
CITY-ST-ZIP	NAPLES FL 34113	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	BECK, DARRELL	
STREET ADDRESS	2 EAST PELICAN	
CITY-ST-ZIP	NAPLES FL 34113	
TITLE	S	<input type="checkbox"/> DELETE
NAME	HENRY, CLAUDIA	
STREET ADDRESS	107 W. PAGO PAGO 7 Capri Blvd.	
CITY-ST-ZIP	NAPLES FL 34113	
TITLE	D	<input type="checkbox"/> DELETE
NAME	NETZLEY, HILDA	
STREET ADDRESS	404 SAMAR AVENUE	
CITY-ST-ZIP	NAPLES FL 34113	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	STROUSE, GEORGE	
STREET ADDRESS	403 GRANADA	
CITY-ST-ZIP	NAPLES FL 34113	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	SWABY, MARY MARGERT	
STREET ADDRESS	409 CAPRI BLVD	
CITY-ST-ZIP	NAPLES FL 34113	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	D Walsh, Kevin
1.3 STREET ADDRESS	30 W Pelican
1.4 CITY-ST-ZIP	Naples, FL 34113
2.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	D Kind, Terry
2.3 STREET ADDRESS	407 Cristobal
2.4 CITY-ST-ZIP	Naples, FL 34113
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.
SIGNATURE: **Hilda S Netzley, Hilda & Netzley** 3-20-98 394-3673

CR2E037 (10/97)