


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**
300 CAPRI BLVD. ISLES OF CAPRI
NAPLES FL 34113

Mailing Address **407 Cristobal**
300 CAPRI BLVD. ISLES OF CAPRI
NAPLES FL 34113

3. Date Incorporated or Qualified
11/19/1964

4. FEI Number
23-7021161

Applied For
☐ Not Applicable

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

30

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?
☒ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No **NA**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SWABY, MARY MARGARET
409 CAPRI BLVD
NAPLES FL 33982

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* **3-19-98.**

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DEVOLDER, NANCY	1.2 NAME	Walsh, Kevin
STREET ADDRESS	407 CRISTOBAL ST.	1.3 STREET ADDRESS	30 W Pelican
CITY-ST-ZIP	NAPLES FL 34113	1.4 CITY-ST-ZIP	Naples, FL 34113
TITLE	VP <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BECK, DARRELL	2.2 NAME	Kind Terry
STREET ADDRESS	2 EAST PELICAN	2.3 STREET ADDRESS	407 Cristobal
CITY-ST-ZIP	NAPLES FL 34113	2.4 CITY-ST-ZIP	Naples, FL 34113
TITLE	S <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HENRY, CLAUDIA	3.2 NAME	
STREET ADDRESS	107 W. PAGO PAGO 7 Capri Blvd.	3.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL 34113	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NETZLEY, HILDA	4.2 NAME	
STREET ADDRESS	404 SAMAR AVENUE	4.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL 34113	4.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STROUSE, GEORGE	5.2 NAME	
STREET ADDRESS	403 GRANADA	5.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL 34113	5.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SWABY, MARY MARGERT	6.2 NAME	
STREET ADDRESS	409 CAPRI BLVD	6.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL 34113	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 Netzley* **3-20-98** **394-3673**

CR2E037 (10/97)