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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 708134

1. Corporation Name

ISLES OF CAPRI CIVIC ASSOCIATION, INC.

Principal Place of Business

407 CRISTOBAL
NAPLES FL 34113
US

Mailing Address

407 CRISTOBAL
NAPLES FL 34113
US



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip Country

28 Zip Country

3. Date Incorporated or Qualified

11/19/1964

4. FEI Number

23-7021161

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

CROWDER, JERILYN
156 CAPRI BLVD
NAPLES FL 34113

10. Name and Address of New Registered Agent

81 Name

KEVIN F. WALSH

82 Street Address (P.O. Box Number is Not Acceptable)

83 30 W. PELICAN ST.

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

KEVIN F. WALSH

(NOTE: Registered Agent signature required when reinstating)

4-9-99

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME DEVOLDER, NANCY
STREET ADDRESS 407 CRISTOBAL ST.
CITY-ST-ZIP NAPLES FL 34113
☐ DELETE

TITLE VP
NAME BECK, DARRELL
STREET ADDRESS 2 EAST PELICAN
CITY-ST-ZIP NAPLES FL 34113
☐ DELETE

TITLE S
NAME HENRY, CLAUDIA
STREET ADDRESS 7 CAPRI BLVD
CITY-ST-ZIP NAPLES FL 34113
☐ DELETE

TITLE D
NAME NETZLEY, HILDA
STREET ADDRESS 404 SAMAR AVENUE
CITY-ST-ZIP NAPLES FL 34113
☒ DELETE

TITLE D & TREAS
NAME WALSH, KEVIN
STREET ADDRESS 30 W. PELICAN
CITY-ST-ZIP NAPLES FL 34113
☐ DELETE

TITLE D
NAME KIND, TERRY
STREET ADDRESS 407 CRISTOBAL
CITY-ST-ZIP NAPLES FL 34113
☒ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME HANLEY, William
1.3 STREET ADDRESS 110 W. PAGO PAGO
1.4 CITY-ST-ZIP NAPLES FL 34113
☐ Change ☒ Addition

2.1 TITLE
2.2 NAME HUEGEL, JOHN
2.3 STREET ADDRESS 93 DOLANIN CIRCLE
2.4 CITY-ST-ZIP NAPLES FL 34113
☐ Change ☒ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP
☐ Change ☐ Addition

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, with all other like empowered.

SIGNATURE: *KEVIN F. WALSH* **SIGNATURE REQUIRED** *4-19-99* *941-642-7223*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)

0064425