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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

3. Date Incorporated or Qualified

11/19/1964

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

23-7021161

Applied For

Not Applicable

23 City & State

27 City & State

5. Certificate of Status Desired

\$8.75 Additional Fee Required

24 Zip Country

28 Zip Country

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* *[Signature]* DATE 4-9-99
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	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	7 CAPRI BLVD	
CITY-ST-ZIP	NAPLES FL 34113	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	NETZLEY, HILDA	
STREET ADDRESS	404 SAMAR AVENUE	
CITY-ST-ZIP	NAPLES FL 34113	
TITLE	D + TREAS	<input type="checkbox"/> DELETE
NAME	WALSH, KEVIN	
STREET ADDRESS	30 W. PELICAN	
CITY-ST-ZIP	NAPLES FL 34113	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	KIND, TERRY	
STREET ADDRESS	407 CRISTOBAL	
CITY-ST-ZIP	NAPLES FL 34113	

1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	HANLEY, WILLIAM
1.3 STREET ADDRESS	110 W. PAGO PAGO
1.4 CITY-ST-ZIP	NAPLES FL 34113
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	HUEGEL, JOHN
2.3 STREET ADDRESS	93 DOLANIN CIRCLE
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, with all other like empowered.

SIGNATURE: *Kevin F. Walsh* *[Signature]* DATE 4-19-99 DAYTIME PHONE # 941-642-7223
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)