

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 742998 (8)
1. Corporation Name
THE SAND CAPER CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business: **12734-32 KENWOOD LANE FT-MYERS FL 33907** Delete
Mailing Address: **12734-32 KENWOOD LANE FORT-MYERS FL 33907** Delete

3. Date Incorporated or Qualified: **05/24/1978**
3a. Date of Last Report: **04/14/1995**

2. Principal Place of Business
21 **6900 Estero Blvd**
Suite, Apt. #, etc.: **#100**
City & State: **FT Myers Bch FL**
Zip: **33931** Country: **us**
22 **#100**
23 **FT Myers Bch FL**
24 **33931** 25 **us**
26 **6900 Estero Blvd.**
27 **#100**
28 **FT Myers Bch FL**
29 **33931** 30 **us**

4. FEI Number: **59-1959490**
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
~~SLOANE, JAMES~~
~~12734 KENWOOD LANE~~
~~SUITE 32~~ Delete
~~FT-MYERS FL-33907~~

10. Name and Address of New Registered Agent
81 Name: **GILBERT, DALE / Angie Croker mgr**
82 Street Address (P.O. Box Number is Not Acceptable): **6900 ESTERO BLVD**
83 **#100**
84 City: **FT Myers Bch** FL 85 Zip Code: **33931**

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: **GILBERT, Dale SD** DATE: **4-1-96**
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	SD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GILBERT, DALE	1.2 NAME	
STREET ADDRESS	6900 ESTERO BLVD. #203	1.3 STREET ADDRESS	
CITY-ST-ZIP	FT MYER BEACH FL	1.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PEER, NELSON	2.2 NAME	
STREET ADDRESS	6900 ESTERO BLVD #107	2.3 STREET ADDRESS	
CITY-ST-ZIP	FT MYERS BEACH FL	2.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHESANEK, PATRICIA	3.2 NAME	
STREET ADDRESS	35 SEABREEZE ROAD	3.3 STREET ADDRESS	
CITY-ST-ZIP	OLD SAYBROOK CT	3.4 CITY-ST-ZIP	
TITLE	VD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAYS, ARLENE	4.2 NAME	
STREET ADDRESS	6900 ESTERO BLVD #407	4.3 STREET ADDRESS	
CITY-ST-ZIP	FT MYERS BEACH FL	4.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KRUSKE, ELMER J.	5.2 NAME	D GARDAPHE, CHARLENE
STREET ADDRESS	6900 ESTERO BLVD 101	5.3 STREET ADDRESS	1004 MERRY LANE
CITY-ST-ZIP	FT MYERS BCH FL	5.4 CITY-ST-ZIP	0 AK Brook IL 60521
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSON, DENNIS	6.2 NAME	
STREET ADDRESS	273 PADDOCK AVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	MERIDEN CT	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 in an attachment with an address.

SIGNATURE: **Dale Gilbert** DATE: **4-22-96** Daytime Phone #: **941-765-4038**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (12/95)