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May 20 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

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



Principal Place of Business: 6800 ESTERO BLVD #100 FT MYERS BEACH FL 33931 US
Mailing Address: 6900 ESTERO BLVD #100 FT MYERS BEACH FL 33931-4603 US

3. Date Incorporated or Qualified: 05/24/1978
3a. Date of Last Report: 04/29/1996
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

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

9. Name and Address of Current Registered Agent
GILBERT, DALE/ANGIE CRO
6900 ESTERO BLVD #100
FT MYERS BEACH FL 33931

10. Name and Address of New Registered Agent
81 Name: ALBERT GIACCO
82 Street Address (P.O. Box Number is Not Acceptable):
83 6900 ESTERO BLVD #602
84 City: FT MYERS BEACH 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: *Albert Giacco*
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	GILBERT, DALE	
STREET ADDRESS	6900 ESTERO BLVD. #203	
CITY-ST-ZIP	FT MYER BEACH FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	PEER, NELSON	
STREET ADDRESS	6900 ESTERO BLVD #107	
CITY-ST-ZIP	FT MYERS BEACH FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	CHESANEK, PATRICIA	
STREET ADDRESS	35 SEABREEZE ROAD	
CITY-ST-ZIP	OLD SAYBROOK CT	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	GARDAPHE, CHARLENE	
STREET ADDRESS	1004 MERRY LANE	
CITY-ST-ZIP	OAK BROOK IL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	JOHNSON, DENNIS	
STREET ADDRESS	273 PADDOCK AVE	
CITY-ST-ZIP	MERIDEN CT	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	Sec./Treas.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	William ROSS	
1.3 STREET ADDRESS	4508 Ride LN.	
1.4 CITY-ST-ZIP	KITTY HAWK N.C 27949	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
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	Director	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	MaryJane Gillett	
4.3 STREET ADDRESS	15331 CRICKET LN.	
4.4 CITY-ST-ZIP	FT MYERS FL, 33919	
5.1 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Albert Giacco	
5.3 STREET ADDRESS	6900 ESTERO BLVD #602	
5.4 CITY-ST-ZIP	FT MYERS BEACH FL 33931	
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 do 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.

CR2E037 (9/96)