


FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90077 025 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 742998

1. Corporation Name
THE SAND CAPER CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business 6900 ESTERO BLVD #100 FT MYERS BEACH FL 33931 US	Mailing Address 6900 ESTERO BLVD #100 FT MYERS BEACH FL 33931 US
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* 5 7 576244 6 2 4 90009 - 29 4 *

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country	3. Date Incorporated or Qualified 05/24/1978	4. FEI Number 59-1959490 Applied For Not Applicable
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	

GIACCO, ALBERT
 6900 ESTERO BLVD
 602
 FT MYERS BEACH FL 33931

81 Name **Vail, Rodd**
 82 Street Address (P.O. Box Number is Not Acceptable)
7181 College Pkwy # 42
 83
 84 City **FT. Myers** FL 85 Zip Code **33907**

11. Pursuant to the provisions of Sections 617.0502 and 617.1506, 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 *[Signature]* DATE **6/14/99**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST ROSS, WILLIAM 4528 RIDE LN KITTY HAWK NC	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCKENZIE, WILLIAM 6900 ESTERO BLVD STE 201 FT MYERS BEACH FL	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LIMLEY, THOMAS 6900 ESTERO BLVD STE 408 FT MYERS BEACH FL	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GILLET, MARY JANE 15331 CRICKETT LN FT MYERS FL	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GIACCO, ALBERT 6900 ESTERO BLVD, 602 FT MYERS FL	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> 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: *[Signature]* SIGNATURE REQUIRED **6/14/99 (94) 277-1171**

CRZE037 (1/98)