

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 756356 (2)

1. Corporation Name

THE CAPER BEACH CLUB CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

**2810 ESTERO BLVD.
FT MYERS BEACH FL 33931**

Mailing Address

**2810 ESTERO BLVD.
FT MYERS BEACH FL 33931**

3. Date Incorporated or Qualified
02/13/1981

3a. Date of Last Report
08/09/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number
59-2158655

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

City & State

City & State

23

28

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

Zip

Country

Zip

Country

24

25

29

30

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**STEVENS, EDWIN A.
2810 ESTERO BLVD.
FT. MYES BCH FL 33931**

81 Name

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

83

84 City

FL

85 Zip Code

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

Edwin Stevens

Edwin Stevens

3/21/96

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	TD	☒ DELETE
NAME	W.H. MECHWART	
STREET ADDRESS	P.O. BOX 30765 N/A	
CITY-ST-ZIP	GAHANNA OH	
TITLE	D	☐ DELETE
NAME	HARRISON, T.D.	
STREET ADDRESS	77 STANDISH RD	
CITY-ST-ZIP	COVENTRY CT	
TITLE	SD	☐ DELETE
NAME	GRAY, R. NAT	
STREET ADDRESS	2800 ESTERO BLVD	
CITY-ST-ZIP	FT. MYERS BEACH FL	
TITLE	PD	☐ DELETE
NAME	MAGRATH, A.G.	
STREET ADDRESS	2800 ESTERO BLVD	
CITY-ST-ZIP	FT MYERS BEACH FL	
TITLE	D	☐ DELETE
NAME	SMITH, SUZANNE	
STREET ADDRESS	6548 DANIEL COURT	
CITY-ST-ZIP	FT. MYERS FL	
TITLE	D	☐ DELETE
NAME	BLOMQUIST, ALFRED	
STREET ADDRESS	2800 ESTERO BLVD #214	
CITY-ST-ZIP	FT MYERS BEACH FL	

1.1 TITLE	D	☐ Change ☒ Addition
1.2 NAME	DONALD COX	
1.3 STREET ADDRESS	5139 EMERALD DR.	
1.4 CITY-ST-ZIP	MOUND MN 55364	
2.1 TITLE	VPD	☐ Change ☒ Addition
2.2 NAME	Robert Torney	
2.3 STREET ADDRESS	7915 Goodway DR.	
2.4 CITY-ST-ZIP	INDPLS, IND 46256	
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	T.O.	☒ Change ☐ 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 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 on an attachment with an address.

SIGNATURE:

R. Nat Gray

3/25/96

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)