NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secr∈tary of State
DIVISION OF CORPORATIONS

DOCUMENT # 756356

1. Corporation Name

THE CAPER BEACH CLUB CONDOMINIUM ASSOCIATION, IN

Principal Place of Business

Mailing Address

2810 ESTERO BLVD. FT MYERS BEACH FL 33931 2810 ESTERO BLVD. FT MYERS BEACH FL 23931

FILED Apr 28, 1999 8:00 am Secretary of State

04-28-1999 90057 044 ****61.25



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Principal Place of Business 2a. Mailing Address								ncorporated or	Qualifed			
26								3/1 <u>981</u>				<u></u>
Suite, Apt. #, etc. Suite, Apt. #, etc							4. FEIN:				} +	Applied For
22		27					<u>59-2</u>	158655				Not Applicable
City & Si	tate	City & State				5. Certificate of Status Desired						
Zip	Country	Zip		Country			6. Electic	n Campaign F	inancing		\$5.0	May Be
24	25	29	30					Fund Contribut	-		•	to Fees
	9. Name and Address of Curre	nt Registered Agent		I. "		1	0. Name	and Address	of New R	egistered	Agent_	
				81	Name	•						
SHONAK, JOHN					Street	A Idrose	(P.O. Bo	Number is N	ot Accepta	hle)		
2810 ESTERO BLVD #213				82	Ou cot i	A101033	(1.0.00		ot / 1000 p 122			
2810 ESTERO BEVD #213 FT. MYES BCH FL 33931												
FI. WITE	23 BON FL 33931			04	Olt.						85 Zi	Code
,				84	City					FL	- 65 21	Code
11. Pursua	nt to the provisions of Sections 617.05	02 and 617,1508, Florida Sta	tutes, the a	bove-	named	corporat	ion subm	ts this stateme	nt for the	ourpose of	fchanging	ts registered
office (ir registered agent of both in the State	of Florida. Such change was	ร อบไทดกรอ	מו עס ס	e corpo	oration's	board of	directors. I her	eph scceb	t the appo	intment as	registered
agent.	I am familiar with, and accept the obliga	ations of, Section 617.0503, 1	rionua Siai ユヘム・14	k	20	->a	.	an 1 . L a a a	- 0	u.	MQ	G
SIGNATUF	Sygneture, typed or printed name of registered age		OTE: Registere		P KO	required who	n reinstating	MANAGE	<u>-k_</u>	DATE	0-10-1	
12.		ND DIRECTORS	13.					DNS/CHANGE	S TO OFF	ICERS A	ND DIREC	TORS IN 12
TITLE	D	☐ DELETE	11T	ITLE		Γ					☐ Chang	e Addition
NAME	COX, DONALD		1.2 N	AME	i	İ						
STREET ADORE					DORESS I	1						
CITY-ST-ZIP	MOUND MN			rty-st-:								
TITLE	VP	☐ DELETE	2.1 T		===	 					☐ Chang	e Addition
NAME	GRANDONICO, PETER		22 N	AME								
STREET ADDRE					ODRESS	1						
CITY-ST-ZIP	AMHERST MA 01002		1	SITY-ST-	J							
TITLE	9	☐ DELETE	3.1 T			*					X Chang	e Addition
NAME	MACHNO, FRAN M		3.2 N	AME		`						
STREET ADDRE			3.3 S	TREET A	DORESS	1						
CITY-ST-ZIP	FT. MYERS BEACH FL			rty-st-								
TITLE	S	☐ DELETE	4.1 T								Chang	e Addition
NAME	HINTZ, JUDY		4.21	AME	İ							
STREET ADDRE			4.3 S	TREET A	DORESS							
CITY-ST-ZIP	FT MYERS BEACH FL			ITY-ST-								
TITLE	D D	☐ DELETE	5.1 T			$\overline{}$					(X) Chang	e Addition
NAME	GOOD, HARRISON		5.2 N	AME								
STREET ADDRE	The same and a service and a s		5.3 \$	TREET A	ODRESS							
CITY-ST-ZIP	FT MYERS BCH FL		5.4 C	ITY-ST-	ZIP							
TITLE	D D	☐ DELETE	6.1 T	MLE		T					Chang	e 🔲 Additior
NAME	DUVAL, PAUL		6.2 N	AME								
STREET ADDRE			6.3 S	TREET A	ODRESS	l						
om/ or to	CANDEL DI 20057		640	ITY-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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-98

941-463-1663

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