FILED

2002 UNIFORM BUSINESS REPORT (UBR)

Feb 08, 2002 8:00 am DOCUMENT # **756356 Secretary of State** 1. Entity Name 02-08-2002 90012 042 ****61.25 THE CAPER BEACH CLUB CONDOMINIUM ASSOCIATION, IN Principal Place of Business Mailing Address 2810 ESTERO BLVD. 2810 ESTERO BLVD. B0020208 FT MYERS BEACH FL 33931 FT MYERS BEACH FL 33931 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-2158655 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) DEGNAÑ, JANIS A 250 NATURE VIEW COURT FT. MYES BCH FL 33931 Zip Code City 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida. SIGNATURE DATE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be Make Check Payable to FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. TITLE TITLE ☐ Delete PETER GRANDONICO COX. DONALD NAME 2800 ESTERO BLUD # 1004 STREET ADDRESS STREET ADDRESS 5139 EMERALD DRIVE FH.MYERS BEACH, FL 33931 CITY-ST-ZIP CITY-ST-ZIP MOUND MN Addition TITLE ☐ Delete TITLE ☐ Change JANGT PETRO HIGGINS, BOB NAME NAME 2800 ESTERO BLUD # 505 STREET ADDRESS STREET ADDRESS 16304 EDGEMONT DRIVE CITY-ST-ZIP CITY-ST-ZIP FT.MYERS BEACH, FL 33931 FORT MYERS FL 33908 Delete TITLE Change RON LASH MACHNO, FRAN NAME NAME 7 2800 ESTERO BLUD # 1003 STREET ADDRESS 2800 ESTERP BLVD #501 STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP BEACH FL 33931 FORT MYERS BEACH FL 33931 TITLE TITLE Addition **X** Delete NAME HINTZ, JUDY NAME STREET ADDRESS STREET ADDRESS 2800 ESTERO BLVD CITY-ST-ZIP CITY-ST-ZIP FT MYERS BEACH FL Change TITLE ☐ Delete TITLE ☐ Addition GOOD, HARRISON NAME NAME STREET ADDRESS STREET ADDRESS 2800 ESTERO BLVD 201 CITY-ST-ZIP FT MYERS BCH FL CITY-ST-ZIP TITLE ☐ Delete TITLE M Change Addition DUVAL PAUL DUVAL, PAUL NAME NAME 241 UIOLET DR 241 VIOLET DR STREET ADDRESS STREET ADDRESS SANIBEL FL 33957 CITY-ST-ZIP CITY-ST-ZIP SANIBEL FL 33957

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

soliHarrison w. Good