


FILE NOW: FILING FEE IS \$61.25

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Mar 08, 1999 8:00 am
Secretary of State

03-08-1999 90082 043 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 770434					
1. Corporation Name THE CAPRI OF SINGER ISLAND CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 5250 NORTH OCEAN DRIVE SINGER ISLAND FL 33404			Mailing Address 5250 NORTH OCEAN DRIVE SINGER ISLAND FL 33404		



2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29		3. Date Incorporated or Qualified 09/27/1983	
4. FEI Number 59-2462989		Applied For Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		5.00 May Be Added to Fees			

9. Name and Address of Current Registered Agent LUTZ, PEGGY E 5250 NORTH OCEAN DRIVE SINGER ISLAND FL 33404				10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code			
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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 *Peggy E. Lutz* (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	P	DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SALOUR, NADER			1.2 NAME			
STREET ADDRESS	5250 NORTH OCEAN DRIVE			1.3 STREET ADDRESS			
CITY-ST-ZIP	SINGER ISLAND FL 33404			1.4 CITY-ST-ZIP			
TITLE	ST	DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	DERING, PHILIP T			2.2 NAME			
STREET ADDRESS	5250 NORTH OCEAN DRIVE			2.3 STREET ADDRESS			
CITY-ST-ZIP	SINGER ISLAND FL 33404			2.4 CITY-ST-ZIP			
TITLE	D	DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BORTOLUSSI, MARY			3.2 NAME			
STREET ADDRESS	193 CONNAUGHT AVE			3.3 STREET ADDRESS			
CITY-ST-ZIP	WILLOWDALE, ONTARIO, CANADA M2M -1T5			3.4 CITY-ST-ZIP			
TITLE	D	DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	COLUCCI, VITO			4.2 NAME			
STREET ADDRESS	34 TAYLORWOOD DRIVE			4.3 STREET ADDRESS			
CITY-ST-ZIP	ISLINGTON, ONTARIO, CANADA M9A -4R7			4.4 CITY-ST-ZIP			
TITLE	D	DELETE		5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	KUCHER, KENNETH			5.2 NAME			
STREET ADDRESS	61 PHEASANT LANE			5.3 STREET ADDRESS			
CITY-ST-ZIP	ISLINGTON, ONTARIO, CANADA M9A -1T5			5.4 CITY-ST-ZIP			
TITLE	D	DELETE		6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	James L. Althoff			6.2 NAME			
STREET ADDRESS	8001 South Route 31			6.3 STREET ADDRESS			
CITY-ST-ZIP	Crystal Lake, IL 60014			6.4 CITY-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: *Philip T. Dering* REDEEMED 2/25/99 5618408400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037-(11/98)