FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION
*ANNUAL REPORT
1995

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

APPROVED AND FILED

95 APR 26 PM 1:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N14752 (2)

1. Corporation Name

ARTHUR'S CAPRI CONDOMINIUM, INC.

Principal Place of Business	Mailing Address
%BARBARA B. WILD 275-116 AVE. #101 TREASURE ISLAND FL 33706	%BARBARA B. WILD 275-116 AVE. #101 TREASURE ISLAND FL 33706

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/06/1986
3a. Date of Last Report: 04/19/1994
4. FEI Number: NOT APPLICABLE ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 245 116th Av.	26 245 116th Av.
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Treasure Island, Fl.	City & State 28 Treasure Island, Fl.
Zip 24 33706	Country 25 USA
Zip 29 33706	Country 30 USA

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
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
AREND, JOAN F. 11870-6TH ST. EAST TREASURE ISLAND FL 33706	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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSD	1.1 TITLE	☐ Change ☐ Addition
NAME	CURTIS, JOHN	1.2 NAME	
STREET ADDRESS	4907 TOWNSHIP TRACE	1.3 STREET ADDRESS	
CITY-ST-ZIP	MARIETTA GA 30066	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	☐ Change ☐ Addition
NAME	CURTIS, REBECCA	2.2 NAME	
STREET ADDRESS	4907 TOWNSHIP TRACE	2.3 STREET ADDRESS	
CITY-ST-ZIP	MARIETTA GA 30066	2.4 CITY-ST-ZIP	
TITLE	TD	3.1 TITLE	TD ☐ Change ☒ Addition
NAME	ARTHURS, BORIS	3.2 NAME	Joe S. O'Steen
STREET ADDRESS	11748 CHATEALL WYNO	3.3 STREET ADDRESS	245 116th Av.
CITY-ST-ZIP	DELTA, BRIT. COLUMBIA V4E3E1	3.4 CITY-ST-ZIP	Treasure Island, Fl. 33617
TITLE	SD	4.1 TITLE	☐ Change ☐ Addition
NAME	ARENO, JOAN F.	4.2 NAME	
STREET ADDRESS	11870-6TH ST. E.	4.3 STREET ADDRESS	
CITY-ST-ZIP	TREASURE ISLAND FL 33706	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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)(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.

SIGNATURE: _____ 4/20/95 813/989-3133
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Joe S. O'Steen

0088710