

FILE NOW: FILING FEE IS \$61.25

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May 01 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N41868** (3)
1. Corporation Name
CAPRI SUNSET CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business 11800 CAPRI CIRCLE SO. TREASURE ISLAND FL 33706	Mailing Address 11800 CAPRI CIRCLE SO. TREASURE ISLAND FL 33706-4992
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3. Date Incorporated or Qualified 01/28/1991	3a. Date of Last Report 03/13/1996
4. FEI Number 59-3055458	Applied For <input type="checkbox"/> 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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

RANDOLPH, CHRISTINE
11800 CAPRI CIRCLE SO.
TREASURE ISLAND FL 33706

81 Name LOIS VERONA
82 Street Address (P.O. Box Number is Not Acceptable) 11820 CAPRI CIRCLE S.
83
84 City Treasure Island
85 Zip Code FL 33706

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 **Lois H. Verona**

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 PD	<input checked="" type="checkbox"/> DELETE	1.1 TITLE S/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME RANDOLPH, CHRISTINE		1.2 NAME PATRICIA SPRIGGS	
STREET ADDRESS 11800 CAPRI CIR. SO.		1.3 STREET ADDRESS 11800 CAPRI CIRCLE SO.	
CITY-ST-ZIP TREASURE ISLAND FL		1.4 CITY-ST-ZIP Treasure Island, FL	
TITLE SD	<input type="checkbox"/> DELETE	2.1 TITLE P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SMITKA, JOE		2.2 NAME	
STREET ADDRESS 11810 CAPRI CIR., SO.		2.3 STREET ADDRESS	
CITY-ST-ZIP TREASURE ISLAND FL		2.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE	3.1 TITLE T/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME VERONA, LOIS		3.2 NAME	
STREET ADDRESS 11820 CAPRI CIR. SO.		3.3 STREET ADDRESS	
CITY-ST-ZIP TREASURE ISLAND FL		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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: **Lois Verona**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-14-97

Date

813-381-5800

Daytime Phone # 0050208

CR2E037 (9/96)