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Apr 29 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 # **N47585** (7)

1. Corporation Name

**CAPRICORN COMMONS PROPERTY OWNERS ASSOCIATION, I
NC.**



Principal Place of Business

Mailing Address

**C/O ROBERT L. ANDREASEN
1777 TAMiami TRAIL
MURDOCK FL 33938**

**P.O. BOX 250
MURDOCK FL 33938**

3. Date Incorporated or Qualified **02/27/1992** 3a. Date of Last Report **03/18/1996**

2. Principal Place of Business

2a. Mailing Address

21 **40 JOSEPH L. BURGER**

26 **145 BAYSHORE CT.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **145 BAYSHORE CT.**

27

City & State

City & State

23 **PUNTA GORDA, FL.**

28 **PUNTA GORDA, FL.**

Zip

Country

Zip

Country

24 **33950**

25 **USA**

29 **33950**

30 **USA**

4. FEI Number **APPLIED FOR 65-062899B** Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**ANDREASEN, ROBERT L
1777 TAMiami TRAIL
MURDOCK FL 33938**

10. Name and Address of New Registered Agent

81 Name **JOSEPH L. BURGER**
82 Street Address (P.O. Box Number is Not Acceptable) **145 BAYSHORE CT.**
83
84 City **PUNTA GORDA FL** 85 Zip Code **33950**

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 *Joseph L. Burger* 4/21/97
Signature typed or printed name of registered agent and date, if applicable (NOTE: Registered Agent's 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	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANDREASEN, ROBERT L	1.2 NAME	KINGSTON, PAUL
STREET ADDRESS	1777 TAMiami TRAIL	1.3 STREET ADDRESS	24901 SANDHILL BLVD.
CITY-ST-ZIP	MURDOCK FL 33938	1.4 CITY-ST-ZIP	PORT CHARLOTTE FL 33983
TITLE	VD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRUBB, JOHN L	2.2 NAME	ROBERT E. SMITH
STREET ADDRESS	8797 GIBSTON DRIVE	2.3 STREET ADDRESS	25059 PAUSADE
CITY-ST-ZIP	RIVERVIEW FL 33569	2.4 CITY-ST-ZIP	PUNTA GORDA, FL. 33983-5909
TITLE	SD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	STD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LIGHT, H. MARTIN JR.	3.2 NAME	JOSEPH L. BURGER
STREET ADDRESS	1777 TAMiami TRAIL	3.3 STREET ADDRESS	145 BAYSHORE ST.
CITY-ST-ZIP	MURDOCK FL 33938	3.4 CITY-ST-ZIP	PUNTA GORDA FL. 33950-5025
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 *Joseph L. Burger* 4/21/97 611-129-1272

CR2E037 (9/96)