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Apr 23 1998 8:00am  
Secretary of State

<b>NONPROFIT CORPORATION ANNUAL REPORT 1998</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N93000005559 (0)**

1. Corporation Name

**ARROYAL MALL PROPERTY OWNERS ASSOCIATION, INC.**



Principal Place of Business	Mailing Address
3421 BONITA BEACH RD #408 BONITA SPRINGS FL 33923	3421 BONITA BEACH RD #408 BONITA SPRINGS FL 33923

2. Principal Place of Business	2a. Mailing Address
21 3960 Via Del Rey Suite, Apt. #, etc.	26 3960 Via Del Rey Suite, Apt. #, etc.
22 City & State 23 Bonita Springs FL	27 PO Box 2877 City & State 28 Bonita Springs FL
24 Zip 34134 Country	29 Zip 34133 Country USA

3. Date Incorporated or Qualified	12/10/1993
4. FEI Number	65-0465711
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
7. Is this nonprofit corporation a homeowners association?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30.	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent
KAPTYN, JOHN 3421 BONITA BEACH RD #408 BONITA SPRINGS FL 33923

10. Name and Address of New Registered Agent
81 Name Rebecca Andrews
82 Street Address (P.O. Box Number is Not Acceptable) 3960 Via Del Rey
83
84 City Bonita Springs FL 85 Zip Code 34134

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 *[Signature]* (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	
TITLE	0 <input checked="" type="checkbox"/> DELETE
NAME	KAPTYN, JOHN
STREET ADDRESS	050 HWY. NO. 7 EAST, STE. 200
CITY-ST-ZIP	RICHMOND HILL ONTAIO L4B 2N7
TITLE	0 <input checked="" type="checkbox"/> DELETE
NAME	SIMON KAPTYN SR.
STREET ADDRESS	050 HWY. NO. 7 EAST, STE. 200
CITY-ST-ZIP	RICHMOND HILL ONTAIO L4B 2N7
TITLE	0 <input checked="" type="checkbox"/> DELETE
NAME	TERRY DYKE
STREET ADDRESS	3401 BONITA BEACH RD., STE. 108
CITY-ST-ZIP	BONITA SPRINGS FL 33923
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	REBECCA ANDREWS
1.3 STREET ADDRESS	3960 Via Del Rey
1.4 CITY-ST-ZIP	Bonita Springs, FL 34134
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	DIRECTOR JOSEPH E. D. JAMOS
2.3 STREET ADDRESS	13356 ROSEWOOD LANE
2.4 CITY-ST-ZIP	NAPLES, FL 34119
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	DIRECTOR GEORGE BOU-SLIMAN
3.3 STREET ADDRESS	27900 CROWN LAKE BLVD
3.4 CITY-ST-ZIP	BONITA SPRINGS, FL 34135
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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.

CR2E037 (10/97)

DEP \$61.25