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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N05503**

1. Corporation Name
CAPSTAN CONDOMINIUM ASSOCIATION, INC.

* 99201 · 90005 · 9 1 *

Principal Place of Business	Mailing Address
C/O DONALD D. COCHRAN 5605-12TH AVE..S.W. CAPE CORAL FL 33914	C/O DONALD D. COCHRAN 5605-12TH AVE..S.W. CAPE CORAL FL 33914

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 10/05/1984
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2721098 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

COCHRAN, DONALD D.
5605-12TH AVE.,#210
CAPE CORAL FL 33914

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

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 _____ 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	VD	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	COCHRAN, DONALD D.		1.2 NAME	
STREET ADDRESS	5512 S.W. 12TH AVE,#210		1.3 STREET ADDRESS	
CITY-ST-ZIP	CAPE CORAL FL		1.4 CITY-ST-ZIP	
TITLE	PD	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	SEYFFERTH, WALLY		2.2 NAME	
STREET ADDRESS	5512 S.W. 12TH AVE,#107		2.3 STREET ADDRESS	
CITY-ST-ZIP	CAPE CORAL FL		2. 4 CITY-ST-ZIP	
TITLE	TD	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	PRICE, LESLIE A.		3.2 NAME	
STREET ADDRESS	5515 S.W. 12THAVE,#105		3.3 STREET ADDRESS	
CITY-ST-ZIP	CAPE CORAL FL		3.4. CITY-ST-ZIP	
TITLE	SD	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	REILLY, ROSEMARY		4. 2 NAME	
STREET ADDRESS	5515 SW 12TH AVE - APT 203		4.3 STREET ADDRESS	
CITY-ST-ZIP	CAPE CORAL FL 33914		4.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	BROSS, RUPE		5.2 NAME	
STREET ADDRESS	512 SW 12TH AVE , #206		5.3 STREET ADDRESS	
CITY-ST-ZIP	CAPE CORAL FL 33914		5.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	ALLAN, ROBERT		6.2 NAME	
STREET ADDRESS	5515 S.W. 12TH AVE #204		6.3 STREET ADDRESS	
CITY-ST-ZIP	CAPE CORAL FL		6.4 CITY-ST-ZIP	

CR2E037 (11/98)

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: SIGNATURE REQUIRED _____ 1-6-99 _____ 941-542-6398
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #