DOCUMENT # N05503

1. Entity Name

CAPSTAN CONDOMINIUM ASSOCIATION, INC.

FILED
Jan 08, 2001 8:00 am
Secretary of State
01-08-2001 90056 032 ****61.25

Principal Place of Business	Mailing Address
~~C/O DONALD D. COCHRAN~~ WALLY SEYFFERTH ~~5605-12TH AVE..S.W.~~ # 107 CAPE CORAL FL 33914	~~C/O DONALD D. COCHRAN~~ WALLY SF ~~5605-12TH AVE..S.W.~~ # 107 CAPE CORAL FL 33914

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
WALLY SEYFFERTH	5605 SW 12TH AVE
Suite, Apt. #, etc. 5605 SW 12TH AVE	Suite, Apt. #, etc. 107
City & State CAPE CORAL, FL	City & State CAPE CORAL, FL
Zip / Country 33914 / LEE	Zip / Country 33914 / LEE

4. FEI Number 59-2721098 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
COCHRAN, DONALD D. 5605-12TH AVE.,#210 CAPE CORAL FL 33914	Name: WALLY SEYFFERTH Street Address (P.O. Box Number is Not Acceptable): 5605 SW 12TH AVE - # 107 City: CAPE CORAL FL Zip Code: 33914

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE: WALLY SEYFFERTH, PRES. Walter Seyfferth
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25	9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees	**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD COCHRAN, DONALD D. 5512 S.W. 12TH AVE,#210 CAPE CORAL FL	☐ Delete	MARY FISHER S 5515 SW 12TH AVE - #203 CAPE CORAL, FL - 33914	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD SEYFFERTH, WALLY 5512 S.W. 12TH AVE,#107 CAPE CORAL FL	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD PRICE, LESLIE A. 5515 S.W. 12THAVE,#105 CAPE CORAL FL	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD REILLY, ROSEMARY 5515 SW 12TH AVE - APT 203 CAPE CORAL FL 33914	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GROSS, RUPE 512 SW 12TH AVE , #206 CAPE CORAL FL 33914	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ALLAN, ROBERT 5515 S.W. 12TH AVE #204 CAPE CORAL FL	☐ Delete		☐ Change ☐ Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. LESLIE A. PRICE

SIGNATURE: Leslie A. Price AUTHORIZED REPRESENTATIVE 1-4-01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (10/00)