2002 UNIFORM BUSINESS REPORT (UBR)

Jan 15, 2002 8:00 am Secretary of State **DOCUMENT # N05503** 1. Entity Name CAPSTAN CONDOMINIUM ASSOCIATION, INC. 01-15-2002 90102 020 ****61.25 Principal Place of Business Mailing Address WALLY SEYYFERTH 5605 SW 12TH AVE 5605 SW 12TH AVE 107 CAPE CORAL FL 33914 CAPE CORAL FL 33914 2. Principal Place of Business 3. Mailing Address --Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2721098 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) SEYFFERTH, WALLY 5605 SW 12TH AVE # 107 CAPE CORAL FL 33914 City Zip Code FL 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Department of State Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. VD TITLE ☐ Addition TITLE ☐ Delete FISHERS, MARY NAME NAME STREET ADDRESS 5515 SW 12TH AVE # 203 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CAPE CORAL FL 33914 ☐ Delete ☐ Addition TITLE TITLE ☐ Change SEYFFERTH, WALLY NAME NAME STREET ADDRESS STREET ADDRESS 5512 S.W. 12TH AVE.#107 CITY-ST-ZIP CITY-ST-ZIP CAPE CORAL FL TD ☐ Delete TITLE Change ☐ Addition TITLE PRICE, LESLIE A. NAME NAME STREET ADDRESS STREET ADDRESS 5515 S.W. 12THAVE,#105 CITY-ST-ZIP CITY-ST-ZIP CAPE CORAL FL Change ☐ Addition TITLE ☐ Delete TITLE GROSS, RUPE NAME NAME 512 SW 12TH AVE , #206 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CAPE CORAL FL 33914 ☐ Change TITLE ☐ Delete TITLE ☐ Addition ALLAN, ROBERT NAME NAME STREET ADDRESS 5515 S.W. 12TH AVE #204 STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP CAPE CORAL FL ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

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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.

SIGNATURE:

| Mr. Leslie A. Price | 1-8-0 | -94 | 54 | -43 | -98 | -98 | -98 | -98 | -98 | -98 | -98 | -98 | -98 | -98 | -98 | -98 | -98 | -98 | -98 | -98 | -98 | -98 | -98 | -98 | -98 | -98 | -98 | -98 | -98 | -98 | -98 | -98 | -98 | -98 | -98 | -98 | -98 | -98 | -98 | -98 | -98 | -98 | -98 | -98 | -98 | -98 | -98 | -98 | -98 | -98 | -98 | -98 | -98 | -98 | -98 | -98 | -98 | -98 | -98 | -98 | -98 | -98 | -98 | -98 | -98 | -98 | -98 | -98 | -98 | -98 | -98 | -98 | -98 | -98 | -98 | -98 | -98 | -98 | -98 | -98 | -98 | -98 | -98 | -98 | -98 | -98 | -98 | -98 | -98 | -98 | -98 | -98 | -98 | -98 | -98 | -98 | -98 | -98 | -98 | -98 | -98 | -98 | -98 | -98 | -98 | -98 | -98 | -98 | -98 | -98 | -98 | -98 | -98 | -98 | -98 | -98 | -98 | -98 | -98 | -98 | -98 | -98 | -98 | -98 | -98 | -98 | -98 | -98 | -98 | -98 | -98 | -98 | -98 | -98 | -98 | -98 | -98 | -98 | -98 | -98 | -98 | -98 | -98 | -98 | -98 | -98 | -98 | -98 | -98 | -98 | -98 | -98 | -98 | -98 | -98 | -98 | -98 | -98 | -98 | -98 | -98 | -98 | -98 | -98 | -98 | -98 | -98 | -98 | -98 | -98 | -98 | -98 | -98 | -98 | -98 | -98 | -98 | -98 | -98 | -98 | -98 | -98 | -98 | -98 | -98 | -98 | -98 | -98 | -98 | -98 | -98 | -98 | -98 | -98 | -98 | -98 | -98 | -98 | -98 | -98 | -98 | -98 | -98 | -98 | -98 | -98 | -98 | -98 | -98 | -98 | -98 | -98 | -98 | -98 | -98 | -98 | -98 | -98 | -98 | -98 | -98 | -98 | -98 | -98 | -98 | -98 | -98 | -98 | -98 | -98 | -98 | -98 | -98 | -98 | -98 | -98 | -98 | -98 | -98 | -98 | -98 | -98 | -98 | -98 | -98 | -98 | -98 | -98 | -98 | -98 | -98 | -98 | -98 | -98 | -98 | -98 | -98 | -98 | -98 | -98 | -98 | -98 | -9

12. Thereby 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