## 2004 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT (AR)**

changed, or on an attachment with an address, with all of

SIGNATURE:

## Feb 11, 2004 8:00 am Secretary of State DOCUMENT # N05503 1. Entity Name 02-11-2004 90030 021 \*\*\*\*61.25 CAPSTAN CONDOMINIUM ASSOCIATION, INC. Mailing Address Principal Place of Business WALLY SEYYFERTH 5605 SW 12TH AVE CAPE CORAL FL 33914 5605 SW 12TH AVE CAPE CORAL FL 33914 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E037 (11/03) City & State 4. FEI Number Applied For City & State 59-2721098 Not Applicable Country \$8.75 Additional Zip Country Zip 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SEYFFERTH, WALLY Street Address (P.O. Box Number is Not Acceptable) 5605 SW 12TH AVE # 107 CAPE CORAL FL 33914 Zip Code 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable. 9. Election Campaign Financing Make Check Payable to FILE NOW: FEE IS \$61.25 \$5.00 May Be Trust Fund Contribution. Florida Department of State Due By May 1, 2004 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. ERSWAW ☐ Change Addition Delete ™E 560°H TITLE JOHNSON, BRUCE NAME . NAME 5605 S.W. 12 AVENUE #206 STREET ADDRESS STREET ADDRESS CAPE CORAL FL 33914 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE TITLE SEYFFERTH, WALLY MAME NAME 5512 S.W. 12TH AVE,#107 STREET ADDRESS STREET ADDRESS CAPE CORAL FL CITY-ST-ZIP CITY-ST-ZIP PRICE, LESLIE A. Change ☐ Addition TITLE TITLE Delete NAME NAME 5515 S.W. 12THAVE, #105 STREET ADDRESS STREET ADDRESS CAPE CORAL FL CITY-ST-ZIP CITY-ST-ZIP DORING ☐ Delete TITLE ☐ Change ☐ Addition DILE DPRING, ED NAME NAME 5605 SW 12TH AVE. #108 STREET ADDRESS STREET ADDRESS CAPE CORAL FL 33914 CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change ☐ Addition TITLE ALLAN, ROBERT NAME NAME 5515 S.W. 12TH AVE #204 STREET ADDRESS STREET ADDRESS CAPE CORAL FL CITY-ST-7IP CITY-ST-ZIP ☐ Addition Delete Change TITLE TITLE DENARO, SAM NAME NAME 5515 SW 12TH AVE STREET ADDRESS STREET ADDRESS CAPE CORAL FL 33914 CITY-ST-ZIP CITY-ST-ZIP 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

FILED