2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 05, 2005
Secretary of State

DOCUMENT# N05503

Entity Name: CAPSTAN CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

WALLY SEYYFERTH
5605 SW 12TH AVE
CAPE CORAL, FL 33914

New Principal Place of Business:

Current Mailing Address:

5605 SW 12TH AVE
107
CAPE CORAL, FL 33914

New Mailing Address:

FEI Number: 59-2721098 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SEYFFERTH, WALLY
5605 SW 12TH AVE # 107
CAPE CORAL, FL 33914 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: S ( ) Delete
Name: JOHNSON, BRUCE
Address: 5605 S.W. 12 AVENUE #206
City-St-Zip: CAPE CORAL, FL 33914

Title: PD ( ) Delete
Name: SEYFFERTH, WALLY,
Address: 5512 S.W. 12TH AVE,#107
City-St-Zip: CAPE CORAL, FL

Title: TD ( ) Delete
Name: PRICE, LESLIE A.,
Address: 5515 S.W. 12THAVE,#105
City-St-Zip: CAPE CORAL, FL

Title: V (X) Delete
Name: DPRING, ED
Address: 5605 SW 12TH AVE. #108
City-St-Zip: CAPE CORAL, FL 33914

Title: D ( ) Delete
Name: KERSWAN, R. G.
Address: 5605 SW 12TH AVE #106
City-St-Zip: CAPE CORAL, FL 33914

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change ( ) Addition
Name: KERSWAN, R. L.
Address: 5605 SW 12TH AVE #106
City-St-Zip: CAPE CORAL, FL 33914

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: R.L. KERSHAW D 01/05/2005

Electronic Signature of Signing Officer or Director — Date