2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2009
Secretary of State

DOCUMENT# N05503

Entity Name: CAPSTAN CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

C/O AMERICAN CONDO MGMT. INC.
615 CAPE CORAL PKWY W. #103
CAPE CORAL, FL 33914

New Principal Place of Business:

Current Mailing Address:

C/O AMERICAN PROPERTY MGMT INC.
P.O. BOX 100399
CAPE CORAL, FL 33910

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:

KASE, SUSAN CAM
C/O AMERICAN CONDO MGMT. INC.
615 CAPE CORAL PKWY W. #103
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: T ( ) Delete
Name: SEURER, LEROY
Address: 15663 HIGHLAND AVE
City-St-Zip: PRIOR LAKE, MN 55372

Title: VP ( ) Delete
Name: FEDOR, ED
Address: 1470 BOSTON POST ROAD
City-St-Zip: MELFORD, CT 06560

Title: S ( ) Delete
Name: BUMPASS, ROY
Address: 917 HOWARD LANE
City-St-Zip: VANDALIA, OH 45377

Title: P ( ) Delete
Name: JOHNSON, BRUCE
Address: 5605 SW 12TH AVE #206
City-St-Zip: CAPE CORAL, FL 33914

Title: VP ( ) Delete
Name: MCDONALD, DAVID
Address: 5605 SW 12TH AVE. #209
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: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: LEROY SEURER PRES 04/22/2009
Electronic Signature of Signing Officer or Director — Date