## 2023 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

**DOCUMENT# 752637** 

Entity Name: ESTANCIAS OF CAPRI ISLES CONDOMINIUM

ASSOCIATION, INC.

**Current Principal Place of Business:** 

C/O ADVANCED MANAGEMENT OF SW FLORIDA

899 WOODBRIDGE DRIVE

VENICE, FL 34293

**Current Mailing Address:** 

C/O ADVANCED MANAGEMENT OF SW FLORIDA 899 WOODBRIDGE DRIVE VENICE, FL 34293 US

FEI Number: 59-2069986 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

WILSON, MATHEW D C/O ADVANCED MANAGEMENT OF SW FLORIDA 899 WOODBRIDGE DRIVE VENICE, FL 34293 US

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: MATHEW D WILSON 09/11/2023

Electronic Signature of Registered Agent Date

**FILED** 

Sep 11, 2023

Secretary of State 2907472248CC

Officer/Director Detail:

Title PRESIDENT Title VP

Name PERSON, BERT Name STAACK, TODD

Address C/O ADVANCED MANAGEMENT OF Address C/O ADVANCED MANAGEMENT OF

SW FLORIDA SW FLORIDA

899 WOODBRIDGE DRIVE 899 WOODBRIDGE DRIVE

City-State-Zip: VENICE FL 34293 City-State-Zip: VENICE FL 34293

Title TREASURER Title SECRETARY

Name MAUK, STEVEN Name LANDON, MARY

Address C/O ADVANCED MANAGEMENT OF Address C/O ADVANCED MANAGEMENT OF

SW FLORIDA SW FLORIDA

899 WOODBRIDGE DRIVE 899 WOODBRIDGE DRIVE

City-State-Zip: VENICE FL 34293 City-State-Zip: VENICE FL 34293

Title DIRECTOR Title DIRECTOR

Name MARTZ, LORE Name LAWRENCE, STEVEN

Address C/O ADVANCED MANAGEMENT OF Address C/O ADVANCED MANAGEMENT OF

SW FLORIDA SW FLORIDA

899 WOODBRIDGE DRIVE 899 WOODBRIDGE DRIVE

City-State-Zip: VENICE FL 34293 City-State-Zip: VENICE FL 34293

Title DIRECTOR Title ASST. SECRETARY

Name JOHNSON, DARRELL Name WILSON, MATHEW D

Address C/O ADVANCED MANAGEMENT OF Address C/O ADVANCED MANAGEMENT OF

SW FLORIDA SW FLORIDA

899 WOODBRIDGE DRIVE 899 WOODBRIDGE DRIVE

City-State-Zip: VENICE FL 34293 City-State-Zip: VENICE FL 34293

I hereby 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 all other like empowered.

Electronic Signature of Signing Officer/Director Detail

Date