

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 752637

Entity Name: ESTANCIAS OF CAPRI ISLES CONDOMINIUM
ASSOCIATION, INC.**FILED**
Mar 14, 2014
Secretary of State
CC3439128716**Current Principal Place of Business:**530 US HWY 41 BYPASS S.
#18B
VENICE, FL 34285**Current Mailing Address:**530 US HWY 41 BYPASS S.
#18B
VENICE, FL 34285 US**FEI Number: 59-2069986****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**BRINTZINGHOFFER, DAVID
530 US HWY 41 BYPASS S.
#18B
VENICE, FL 34285 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: DAVID BRINTZINGHOFFER****03/14/2014**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	P
Name	BRINTZINGHOFFER, DAVID
Address	530 US HWY 41 BYPASS S. #18B
City-State-Zip:	VENICE FL 34285

Title	S
Name	PISANI, MARGARET
Address	530 US HWY 41 BYPASS S. #18B
City-State-Zip:	VENICE FL 34285

Title	T
Name	POLING, STAN
Address	530 US HWY 41 BYPASS S. #18B
City-State-Zip:	VENICE FL 34285

Title	VP
Name	GAYNOR, JIM
Address	530 US HWY 41 BYPASS S. #18B
City-State-Zip:	VENICE FL 34285

Title	VP
Name	DEPERRIO, BILL
Address	530 US HWY 41 BYPASS S. #18B
City-State-Zip:	VENICE FL 34285

Title	VP
Name	CASTELLI, JIM
Address	530 US HWY 41 BYPASS S. #18B
City-State-Zip:	VENICE FL 34285

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.

SIGNATURE: DAVID BRINTZINGHOFFER**PRES.****03/14/2014**

Electronic Signature of Signing Officer/Director Detail

Date