

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 752637

Entity Name: ESTANCIAS OF CAPRI ISLES CONDOMINIUM
ASSOCIATION, INC.**FILED**
Mar 11, 2021
Secretary of State
9145137154CC**Current Principal Place of Business:**C/O LIGHTHOUSE PROPERTY MANAGEMENT
16 CHURCH STREET
OSPREY, FL 34229**Current Mailing Address:**C/O LIGHTHOUSE PROPERTY MANAGEMENT
16 CHURCH STREET
OSPREY, FL 34229 US**FEI Number: 59-2069986****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**WELLS | OLAH
WELLS | OLAH
1800 SECOND STREET SUITE 808
SARASOTA, FL 34236 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: KEVIN WELLS****03/11/2021**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	TREASURER
Name	BRUCE, TED
Address	C/O LIGHTHOUSE PROPERTY MANAGEMENT 16 CHURCH STREET
City-State-Zip:	OSPREY FL 34229

Title	VP
Name	SPRINGER, FRED
Address	C/O LIGHTHOUSE PROPERTY MANAGEMENT 16 CHURCH STREET
City-State-Zip:	OSPREY FL 34229

Title	PRESIDENT
Name	BALDWIN, KEITH
Address	C/O LIGHTHOUSE PROPERTY MANAGEMENT 16 CHURCH STREET
City-State-Zip:	OSPREY FL 34229

Title	SECRETARY
Name	LANDON, MARY ANN
Address	C/O LIGHTHOUSE PROPERTY MANAGEMENT 16 CHURCH STREET
City-State-Zip:	OSPREY FL 34229

Title	VP
Name	CHATHAMS, BARRY
Address	C/O LIGHTHOUSE PROPERTY MANAGEMENT 16 CHURCH STREET
City-State-Zip:	OSPREY FL 34229

Title	DIRECTOR
Name	WILKINS, GARY
Address	C/O LIGHTHOUSE PROPERTY MANAGEMENT 16 CHURCH STREET
City-State-Zip:	OSPREY FL 34229

Title	DIRECTOR
Name	MCLAUGHLIN, RICK
Address	C/O LIGHTHOUSE PROPERTY MANAGEMENT 16 CHURCH STREET
City-State-Zip:	OSPREY FL 34229

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: TED BRUCE**TREASURER****03/11/2021**

