

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 752637

Entity Name: ESTANCIAS OF CAPRI ISLES CONDOMINIUM ASSOCIATION, INC.**FILED**
Mar 28, 2018
Secretary of State
CC3366408973**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:**BRUCE, TED
C/O LIGHTHOUSE PROPERTY MANAGEMENT
16 CHURCH STREET
OSPREY, FL 34229 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: TED BRUCE****03/28/2018**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
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 TREASURER
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 DIRECTOR
Name LEIBY, AMANDA
Address C/O LIGHTHOUSE PROPERTY
 MANAGEMENT
 16 CHURCH STREET
City-State-Zip: OSPREY FL 34229

Title DIRECTOR
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

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**PRESIDENT****03/28/2018**

