

**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 752637

**Entity Name:** ESTANCIAS OF CAPRI ISLES CONDOMINIUM  
ASSOCIATION, INC.**FILED**  
**Mar 29, 2022**  
**Secretary of State**  
**9614882160CC****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****03/29/2022**

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	SECRETARY
Name	LONDON, 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	STAACK, TODD
Address	C/O LIGHTHOUSE PROPERTY MANAGEMENT 16 CHURCH STREET
City-State-Zip:	OSPREY FL 34229

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

Title	TREASURER
Name	PERSON, BERTIL
Address	C/O LIGHTHOUSE PROPERTY MANAGEMENT 16 CHURCH ST.
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****03/29/2022**

