

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 752637

**Entity Name:** ESTANCIAS OF CAPRI ISLES CONDOMINIUM ASSOCIATION, INC.**FILED**  
**Mar 31, 2015**  
**Secretary of State**  
**CC2184703609****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:**CASTELLI, JIM  
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:** CASTELLI, JIM**03/31/2015**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	P
Name	CASTELLI, JIM
Address	C/O LIGHTHOUSE PROPERTY MANAGEMENT 16 CHURCH STREET
City-State-Zip:	OSPREY FL 34229

Title	S
Name	ALLSWORTH, DAVID
Address	C/O LIGHTHOUSE PROPERTY MANAGEMENT 16 CHURCH STREET
City-State-Zip:	OSPREY FL 34229

Title	T
Name	POLING, STAN
Address	C/O LIGHTHOUSE PROPERTY MANAGEMENT 16 CHURCH STREET
City-State-Zip:	OSPREY FL 34229

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

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

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

Title	DIRECTOR
Name	SWENSON, JIM
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:** CASTELLI, JIM**PRESIDENT****03/31/2015**

