2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 755705

Entity Name: MARINA ISLES CONDOMINIUM ASSOCIATION, INC.

FILED Apr 05, 2024 Secretary of State 2756442680CC

Current Principal Place of Business:

CAPSTONE ASSOCIATION MANAGEMENT 8588 POTTER PARK DRIVE STE. 500 SARASOTA, FL 34238

Current Mailing Address:

CAPSTONE ASSOCIATION MANAGEMENT 8588 POTTER PARK DRIVE STE. 500 SARASOTA, FL 34238 US

FEI Number: 59-2314569 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CAPSTONE ASSOCIATION MANAGEMENT CAPSTONE ASSOCIATION MANAGEMENT 8588 POTTER PARK DRIVE STE. 500 SARASOTA, FL 34238 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: DYLAN CLEMENTS 04/05/2024

Electronic Signature of Registered Agent Date

Officer/Director Detail:

Title DIRECTOR Title DIRECTOR

Name IRWIN, ROBERT Name SCHNEIDER, FLORA

Address CAPSTONE ASSOCIATION Address CAPSTONE ASSOCIATION

MANAGEMENT MANAGEMENT

8588 POTTER PARK DRIVE STE. 500 8588 POTTER PARK DRIVE STE. 500

City-State-Zip: SARASOTA FL 34238 City-State-Zip: SARASOTA FL 34238

Title TREASURER Title PRESIDENT

Name GAGNON, AL Name SCOTT, DANIEL

Address CAPSTONE ASSOCIATION Address CAPSTONE ASSOCIATION

MANAGEMENT MANAGEMENT

8588 POTTER PARK DRIVE STE. 500 8588 POTTER PARK DRIVE STE. 500

City-State-Zip: SARASOTA FL 34238 City-State-Zip: SARASOTA FL 34238

TitleSECRETARYTitleDIRECTORNameMENDERA, JOSEPHNameSTEIFF, KENT

Address CAPSTONE ASSOCIATION Address CAPSTONE ASSOCIATION

MANAGEMENT MANAGEMENT

8588 POTTER PARK DRIVE STE. 500 8588 POTTER PARK DRIVE STE. 500

City-State-Zip: SARASOTA FL 34238 City-State-Zip: SARASOTA FL 34238

 Title
 VP
 Title
 DIRECTOR

 Name
 SUTER, JOHN
 Name
 HALL, MARK

Address CAPSTONE ASSOCIATION Address CAPSTONE ASSOCIATION

MANAGEMENT MANAGEMENT

8588 POTTER PARK DRIVE STE. 500 8588 POTTER PARK DRIVE STE. 500

City-State-Zip: SARASOTA FL 34238 City-State-Zip: SARASOTA FL 34238

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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: DANIEL SCOTT P 04/05/2024

Officer/Director Detail Continued:

Title DIRECTOR Name MILLER, GARY

CAPSTONE ASSOCIATION MANAGEMENT 8588 POTTER PARK DRIVE STE. 500 Address

City-State-Zip: SARASOTA FL 34238