2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 770329

Entity Name: OSPREY OF CAPE CORAL CONDOMINIUM ASSOCIATION, INC.

FILED
Apr 15, 2020
Secretary of State
7635851241CC

Current Principal Place of Business:

C/O AMERICAN CONDO MANAGEMENT 4223 DEL PRADO BLVD. S CAPE CORAL, FL 33904

Current Mailing Address:

C/O AMERICAN CONDO MANAGEMENT P.O. BOX 100399 CAPE CORAL, FL 33910 US

FEI Number: 59-2435753 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

KASE, SUSAN C/O AMERICAN CONDO MANAGEMENT 4223 DEL PRADO BLVD. S CAPE CORAL, FL 33904 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: SUSAN KASE 04/15/2020

Electronic Signature of Registered Agent Date

Title

PRESIDENT

Officer/Director Detail:

City-State-Zip:

Title

Title VP Title TREASURER

Name DRNAK, WILLIAM M Name LANE, NORMA JEAN

Address C/O AMERICAN CONDO Address C/O AMERICAN CONDO MANAGEMENT MANAGEMENT

MANAGEMENT MANAGEMENT P.O. BOX 100399 P.O. BOX 100399

CAPE CORAL FL 33910 City-State-Zip: CAPE CORAL FL 33910

Name DRNAK, EVELYN B Name ANDRE, TOM

Address C/O AMERICAN CONDO Address C/O AMERICAN CONDO

MANAGEMENT
P.O. BOX 100399

MANAGEMENT
P.O. BOX 100399

City-State-Zip: CAPE CORAL FL 33910 City-State-Zip: CAPE CORAL FL 33910

Title 2ND VICE PRESIDENT
Name KUBASKA, JULIE

SECRETARY

Address C/O AMERICAN CONDO MANAGEMENT

P.O. BOX 100399

City-State-Zip: CAPE CORAL FL 33910

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: TOM ANDRE PRESIDENT 04/15/2020