2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 770329

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

FILED Apr 10, 2019 **Secretary of State** 6784347789CC

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 04/10/2019

> Date Electronic Signature of Registered Agent

Officer/Director Detail:

Title Title **SECRETARY**

Name DRNAK, WILLIAM M Name LANE, NORMA JEAN

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

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

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

Title **TREASURER** Title **PRESIDENT** DRNAK, EVELYN B Name ANDRE, TOM Name

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

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

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

Title 2ND VICE PRESIDENT Name DRNAK, WILLIAM

C/O AMERICAN CONDO Address

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.

04/10/2019 SIGNATURE: TOM ANDRE **PRESIDENT**