

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N03000002518

**Entity Name:** WIND SONG CONDOMINIUM ASSOCIATION OF CAPE CORAL, INC.

**FILED  
Apr 06, 2017  
Secretary of State  
CC8998126256**

**Current Principal Place of Business:**

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

**Current Mailing Address:**

AMERICAN CONDO MANAGEMENT  
PO BOX 100399  
CAPE CORAL, FL 33910 US

**FEI Number: 59-1967662**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

KASE, SUSAN M  
C/O AMERICAN CONDO MGMT  
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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title D  
Name EASTMAN, HARRY  
Address PO BOX 100399  
City-State-Zip: CAPE CORAL FL 33910

Title SECRETARY  
Name MCGRATH, ROBERT  
Address PO BOX 100399  
City-State-Zip: CAPE CORAL FL 33910

Title VP  
Name BUTH, CAROLYN  
Address PO BOX 100399  
City-State-Zip: CAPE CORAL FL 33910

Title SECRETARY  
Name MURRAY, SANDEE  
Address PO BOX 100399  
City-State-Zip: CAPE CORAL FL 33910

Title PRESIDENT  
Name KUNKEL, CARL  
Address PO 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: CARL KUNKEL**

**PRESIDENT**

**04/06/2017**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date