

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05503

Entity Name: CAPSTAN CONDOMINIUM ASSOCIATION, INC.**Current Principal Place of Business:**

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

Current Mailing Address:

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

FEI Number: 59-2721098**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**

KASE, SUSAN CAM
C/O AMERICAN CONDO MGMT. INC.
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 PRESIDENT
Name JOHNSON, BRUCE
Address C/O AMERICAN CONDO MGMT INC.
 P.O. BOX 100399
City-State-Zip: CAPE CORAL FL 33910

Title VP
Name GARBACK, JOHN
Address C/O AMERICAN CONDO MGMT INC.
 P.O. BOX 100399
City-State-Zip: CAPE CORAL FL 33910

Title TREASURER
Name MCDONALD, DAVID
Address C/O AMERICAN CONDO MGMT INC.
 P.O. BOX 100399
City-State-Zip: CAPE CORAL FL 33910

Title 2ND VP
Name WIGINTON, JIM
Address C/O AMERICAN CONDO MGMT INC.
 P.O. BOX 100399
City-State-Zip: CAPE CORAL FL 33910

Title SECRETARY
Name MEHAFFIE, PATRICK
Address C/O AMERICAN CONDO MGMT INC.
 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: BRUCE JOHNSON**PRESIDENT****02/13/2020**

Electronic Signature of Signing Officer/Director Detail

Date