

2014 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 TREASURER
Name SEURER, LEROY
Address 4223 DEL PRADO BVD S
City-State-Zip: CAPE CORAL FL 33904Title VP
Name MCDONALD, DAVID
Address 4223 DEL PRADO BLVD S
City-State-Zip: CAPE CORAL FL 33904Title D
Name GARBACK, JOHN
Address 4223 DEL PRADO BLVD S
City-State-Zip: CAPE CORAL FL 33904Title P
Name JOHNSON, BRUCE
Address 4223 DEL PRADO S
City-State-Zip: CAPE CORAL FL 33904Title SECRETARY
Name PHILLIPS, DAVID
Address 4223 DEL PRADO BLVD S
City-State-Zip: CAPE CORAL FL 33904

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

04/14/2014

Electronic Signature of Signing Officer/Director Detail_____
Date