

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N09760

**Entity Name:** CAPRI MOTOR LODGE CONDOMINIUM ASSOCIATION, INC.

**FILED**  
**Apr 17, 2023**  
**Secretary of State**  
**4192231019CC**

**Current Principal Place of Business:**

C/O CAMBRIDGE PROPERTY MANAGEMENT  
2335 TAMIAMI TRAIL NORTH SUITE 402  
NAPLES, FL 34103

**Current Mailing Address:**

C/O CAMBRIDGE PROPERTY MANAGEMENT  
2335 TAMIAMI TRAIL NORTH SUITE 402  
NAPLES, FL 34103 US

**FEI Number: 59-2833603**

**Certificate of Status Desired: No**

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

CAMBRIDGE PROPERTY MGMT.  
C/O CAMBRIDGE PROPERTY MANAGEMENT  
2335 TAMIAMI TRAIL NORTH SUITE 402  
NAPLES, FL 34103 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            CASTELLANO, MIKE  
Address        C/O CAMBRIDGE PROPERTY  
                  MANAGEMENT  
                  2335 TAMIAMI TRAIL NORTH SUITE  
                  402  
City-State-Zip: NAPLES FL 34103

Title            TREASURER  
Name            CASTELLANO, THERESA  
Address        C/O CAMBRIDGE PROPERTY  
                  MANAGEMENT  
                  2335 TAMIAMI TRAIL NORTH SUITE  
                  402  
City-State-Zip: NAPLES FL 34103

Title            S  
Name            CASTELLANO, MICHAEL J  
Address        C/O CAMBRIDGE PROPERTY  
                  MANAGEMENT  
                  2335 TAMIAMI TRAIL NORTH SUITE  
                  402  
City-State-Zip: NAPLES FL 34103

*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: CASTELLANO , MIKE**

**PRESIDENT**

**04/17/2023**

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

\_\_\_\_\_  
Date