

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N15210

**FILED  
Mar 22, 2019  
Secretary of State  
6146576751CC**

**Entity Name:** PATIO VILLAS OF CAPE CORAL CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

C/O AMERICAN CONDO MGMT, INC.  
4223 DEL PRADO 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: 65-0105863**

**Certificate of Status Desired: No**

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

AMERICAN CONDOMINIUM MGMT, INC  
C/O AMERICAN CONDO MGMT, INC.  
4223 DEL PRADO 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 SECRETARY, TREASURER  
Name KOPP, DENISE  
Address C/O AMERICAN CONDO MGMT, INC.  
P.O. BOX 100399  
City-State-Zip: CAPE CORAL FL 33910

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

Title VP  
Name SHARP, DANIELLE  
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: DICK OLSON**

**PRESIDENT**

**03/22/2019**

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

\_\_\_\_\_  
Date