2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N15210

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:

Date Electronic Signature of Registered Agent

City-State-Zip:

Officer/Director Detail:

Title **PRESIDENT** Title VΡ

Name ESSINGTON, DEAN Name OLSON, RICHARD

Address C/O AMERICAN CONDO MGMT, INC. Address C/O AMERICAN CONDO MGMT, INC.

P.O. BOX 100399 P.O. BOX 100399

CAPE CORAL FL 33910 CAPE CORAL FL 33910 City-State-Zip: City-State-Zip:

Title **DIRECTOR** Title SECRETARY, TREASURER

KOPP, JEFF BRAUER, EUGENE Name Name

C/O AMERICAN CONDO MGMT, INC. C/O AMERICAN CONDO MGMT, INC. Address Address

P.O. BOX 100399 P.O. BOX 100399

Title **DIRECTOR**

City-State-Zip:

Name ADAMUS, SANDRA

Address C/O AMERICAN CONDO MGMT, INC.

CAPE CORAL FL 33910

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: DEAN ESSINGTON

Electronic Signature of Signing Officer/Director Detail

PRESIDENT

CAPE CORAL FL 33910

04/14/2014

FILED Apr 14, 2014

Secretary of State

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