

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 750473

FILED
Feb 17, 2009
Secretary of State

Entity Name: CAPSTAN CLUB CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

2021 LITTLE PINE CIRCLE
PUNTA GORDA, FL 33955

New Principal Place of Business:

Current Mailing Address:

6025 TAYLOR RD
#2
PUNTA GORDA, FL 33950

New Mailing Address:

26530 MALLARD WAY
PUNTA GORDA, FL 33950

FEI Number: 59-2021221

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STAR HOSPITALITY MANAGEMENT
STAR HOSPITALITY MANAGEMENT, INC.
6025 TAYLOR ROAD #2
PUNTA GORDA, FL 33950 US

Name and Address of New Registered Agent:

STAR HOSPITALITY MANAGEMENT
26530 MALLARD WAY
PUNTA GORDA, FL 33950 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:

02/17/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: S () Delete
Name: WILDERBOER, MAYNARD
Address: 2021 LITTLE PINE CIRCLE, #428
City-St-Zip: PUNTA GORDA, FL 33955

Title: VP () Delete
Name: FOLSOM, CLAUDIA
Address: 2021 LITTLE PINE CIR, # 43A
City-St-Zip: PUNTA GORDA, FL 33955

Title: T () Delete
Name: BIRD, DAVID
Address: 3863 CAPE COLE BLVD
City-St-Zip: PUNTA GORDA, FL 33955

Title: P (X) Delete
Name: CRANE, JAMES
Address: 2021 LITTLE PINE CIRCLE #22B
City-St-Zip: PUNTA GORDA, FL 33955

Title: D (X) Delete
Name: WILLARD, WILLIAM
Address: 2021 LITTLE PINE CIRCLE #21A
City-St-Zip: PUNTA GORDA, FL 33955

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: CRANE, JAMES
Address: 2021 LITTLE PINE CIRCLE #22B
City-St-Zip: PUNTA GORDA, FL 33955

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: ST (X) Change () Addition
Name: WILLARD, WILLIAM L
Address: 2021 LITTLE PINE CIRCLE #21A
City-St-Zip: PUNTA GORDA, FL 33955

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: JAMES CRANE

P

02/17/2009

Electronic Signature of Signing Officer or Director

Date