

2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N05503 1. Entity Name CAPSTAN CONDOMINIUM ASSOCIATION, INC.		 <div style="text-align: right;"> FILED 06 DEC 11 AM 10:14 SECRETARY OF STATE TALLAHASSEE, FLORIDA </div>	
Principal Place of Business 12650 WHITEHALL DRIVE C/O BENSON'S INC. FORT MYERS, FL 33907-3619		Mailing Address 12650 WHITEHALL DRIVE C/O BENSON'S INC. FORT MYERS, FL 33907-3619	
2. Principal Place of Business % American Condo Mgmt Inc Suite, Apt. #, etc. 615 Cape Coral Pkwy W. #105 City & State CAPE CORAL, FL Zip 33914		3. Mailing Address % American Condo Mgmt Inc Suite, Apt. #, etc. PO Box 100399 City & State CAPE CORAL, FL Zip 33910	
4. FEI Number 59-2721098		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SEYFFERTH, WALLY 5605 SW 12TH AVE # 107 CAPE CORAL, FL 33914		7. Name and Address of New Registered Agent Name SUSAN KASE, CAM Street Address (P.O. Box Number is Not Acceptable) % American Condo Mgmt Inc 615 Cape Coral Pkwy W. #103 City CAPE CORAL FL Zip Code 33914	
8. 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE <small>Signature, typed or printed name of registered agent and title if applicable.</small>		SUSAN KASE, CAM <small>(NOTE: Registered Agent signature required when reinstating)</small>	
DATE 10/4/06 <small>DATE</small>		FILE NOW!!! FEE IS \$236.25 After January 1, 2007, Fee will be \$297.50	
Make check payable to Florida Department of State		10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S JOHNSON, BRUCE 5605 S.W. 12 AVENUE #206 CAPE CORAL, FL 33914 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD AL SCHMITTEIN 5605 SW 12th Ave, #109 CAPE CORAL, FL 33914 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SEYFFERTH, WALLY 5512 S.W. 12TH AVE, #107 CAPE CORAL, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	10008068634 10/10/06--01057--009 \$236.25 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD PRICE, LESLIE A. 5515 S.W. 12TH AVE, #105 CAPE CORAL, FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV BARBARA ALTENBURG 5515 SW 12th Ave, #205 CAPE CORAL, FL 33914 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KERSWAN, R. L. 5605 SW 12TH AVE #106 CAPE CORAL, FL 33914 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Russell Miller 5605 SW 12th Ave, #110 CAPE CORAL, FL 33914 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV KATHLEEN KERSHAW 5605 SW 12th Ave, #106 CAPE CORAL, FL 33914 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Walter Seyffert President Date 10/23/06	
DAYTIME PHONE # 542-4404		339-	