
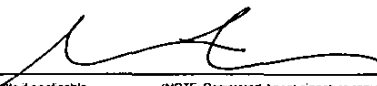
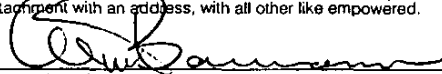


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 24, 2005 8:00 am**  
**Secretary of State**

03-24-2005 90037 028 \*\*\*\*61.25

DOCUMENT # N18244					
1. Entity Name CAPSTAN II CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 1204 SW ELDORADO PKWY CAPE CORAL, FL 33914 US		Mailing Address PO BOX 100831 CAPE CORAL, FL 33910 US			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-0053403	
				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
CAMPBELL, PHILIP PROFESSIONALLY YOURS, INC 1342 SW 46TH LN #3 CAPE CORAL, FL 33904				7. Name and Address of New Registered Agent	
				Name <u>George Teague</u>	
				Street Address (P.O. Box Number is Not Acceptable) Professionally Yours, Inc.	
				City <u>8270 College Pkwy. #103</u>	
				City <u>Ft. Myers, FL 33919</u> Zip Code	
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 				DATE <u>3-10-05</u>	
Filing Fee is \$61.25 Due by May 1, 2005				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	SD	<input type="checkbox"/> Delete	TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAUMANN, WILLIAM		NAME		
STREET ADDRESS	1204 EL DORADO PKWY SW #101		STREET ADDRESS		
CITY-ST-ZIP	CAPE CORAL, FL 33914		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHMIDT, PATRICIA		NAME		
STREET ADDRESS	5505 SW 12TH AVE #206		STREET ADDRESS		
CITY-ST-ZIP	CAPE CORAL, FL 33914		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALZ, DOROTHY		NAME		
STREET ADDRESS	1210 SW EL DORADO PKWY 103		STREET ADDRESS		
CITY-ST-ZIP	CAPE CORAL, FL 33914		CITY-ST-ZIP		
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HEROLD, SAM		NAME	Paul Tetrauh	
STREET ADDRESS	1204 SW ELDORADO PKWY #102		STREET ADDRESS	1204 SW Eldorado Pkwy #202	
CITY-ST-ZIP	CAPE CORAL, FL 33914		CITY-ST-ZIP	CAPE CORAL, FL 33914	
TITLE	PD	<input type="checkbox"/> Delete	TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GUBALA, FRANK		NAME		
STREET ADDRESS	1204 SW EL DORADO PKWY #201		STREET ADDRESS		
CITY-ST-ZIP	CAPE CORAL, FL 33914		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	Mark D. Mathes	
STREET ADDRESS			STREET ADDRESS	5505 SW 12th Ave. #105	
CITY-ST-ZIP			CITY-ST-ZIP	CAPE CORAL, FL 33914	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: 				Date <u>3-17-05</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone #	