2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mar 12, 2007 8:00 am Secretary of State **DOCUMENT # N18244** 1. Entity Name 03-12-2007 90365 046 ****61.25 CAPSTAN II CONDOMINIUM ASSOCIATION, INC. Principal Place of Business Mailing Address 1204 SW ELDORADO PKWY PO BOX 100831 40034025 CAPE CORAL, FL 33914 US CAPE CORAL, FL 33910 US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #. etc. 02142007 Chg-NP CR2E037 (12/06) City & State City & State Applied For 4. FEI Number 65-0053403 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent TEAGUE, GOERGE Street Address (P.O. Box Number is Not Acceptable) PROFESSIONALY YOURS, INC. 2517 SANTA BARBARA BLVD STE 11 3503 CAPE CORAL, FL 33914 Predo blud. Cape Coral 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing Make check payable to Filing Fee is \$61.25 \$5.00 May Be Trust Fund Contribution Due by May 1, 2007 Florida Department of State Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11 TITLE ☐ Delete TITLE 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 Delete Sec. TITLE ☐ Change Addition Schmidt Swist Auc #205 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 ☐ Delete TITLE ☐ Change Addition WALZ, DOROTHY NAME STREET ADDRESS 1210 SW EL DORADO PKWY 103 STREET ADDRESS CITY-ST-ZIP CAPE CORAL, FL 33914 CITY-ST-ZIP Delete TITLE D ☐ Change ■ Addition TETRAULT PAUL NAME NAME STREET ADDRESS 1204 SW ELDORADO PKWY #202 STREET ADDRESS CITY-ST-ZIP CAPE CORAL, FL 33914 CITY-ST-ZIP TITLE VΡ Delete TITLE ☐ Addition WALL, TOMMY annic Farmer NAME 1204 SW EI DORNO PKWY #201 STREET ADDRESS 5505 SW 12 AVE 205 STREET ADDRESS CITY-ST-ZIP CAPE CORAL, FL 33914 CITY-ST-ZIP Delete TITLE Addition NAME MATHES, MARK D NAME STREET ADDRESS 5505 SW 12TH AVE #105 STREET ADDRESS CITY-ST-ZIP CAPE CORAL, FL 33914 CITY-ST-ZIP 12. Thereby certify that the information supplied with this filling 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 empswered 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

FILED

Date

Daytime Phone #