

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N18244

FILED
Apr 30, 2008
Secretary of State

Entity Name: CAPSTAN II CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

1204 SW ELDORADO PKWY
CAPE CORAL, FL 33914 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 100831
CAPE CORAL, FL 33910 US

New Mailing Address:

FEI Number: 65-0053403 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TEAGUE, GOERGE
PROFESSIONALY YOURS, INC
2503 DEL PRADO BLVD., 500
CAPE CORAL, FL 33904 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: BAUMANN, WILLIAM
Address: 1204 EL DORADO PKWY SW #101
City-St-Zip: CAPE CORAL, FL 33914 US

Title: S () Delete
Name: SCHMIDT, ROGER
Address: 5505 SW 12TH AVE., 205
City-St-Zip: CAPE CORAL, FL 33914 US

Title: TD () Delete
Name: WALZ, DOROTHY
Address: 1210 SW EL DORADO PKWY 103
City-St-Zip: CAPE CORAL, FL 33914 US

Title: VP () Delete
Name: FARMER, LANNIE
Address: 1204 SW EL DORADO PKWY., 201
City-St-Zip: CAPE CORAL, FL 33914 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP (X) Change () Addition
Name: BAUMANN, WILLIAM
Address: 2503 DEL PRADO BLVD; STE 500
City-St-Zip: CAPE CORAL, FL 33904 US

Title: D (X) Change () Addition
Name: SCHMIDT, JAMES
Address: 2503 DEL PRADO BLVD; STE 500
City-St-Zip: CAPE CORAL, FL 33904 US

Title: TD (X) Change () Addition
Name: TETROULT, PAUL
Address: 2503 DEL PRADO BLVD; STE 500
City-St-Zip: CAPE CORAL, FL 33904 US

Title: PD (X) Change () Addition
Name: FARMER, LANNIE
Address: 2503 DEL PRADO BLVD; STE 500
City-St-Zip: CAPE CORAL, FL 33904 US

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: GEORGE TEAGUE

Electronic Signature of Signing Officer or Director

MGR

04/30/2008

Date