

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N18244

FILED
Jan 28, 2011
Secretary of State

Entity Name: CAPSTAN II CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

3436 MARINATOWN LANE
SUITE 4
NORTH FORT MYERS, FL 33903 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 1848
FORT MYERS, FL 33902 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:

SILVERCRESTED MANAGEMENT
3436 MARINATOWN LANE
SUITE #4
FORT MYERS, FL 33903 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
Name: ECCLES, MICHELE
Address: 400 MCCORRIE LAND PO BOX 317
City-St-Zip: PORTSMOUTH, RI 02871

Title: SD
Name: SCHMIDT, PAT
Address: 5505 SW 12TH AVENUE #206
City-St-Zip: CAPE CORAL, FL 33914

Title: TD
Name: FARMER, GAIL
Address: 1204 SW ELDORADO PKWY #201
City-St-Zip: CAPE CORAL, FL 33914

I hereby 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 all other like empowered.

SIGNATURE: MICHELE ECCLES

PD

01/28/2011

Electronic Signature of Signing Officer or Director

Date