

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N98000000793

**FILED**  
**Feb 07, 2012**  
**Secretary of State**

**Entity Name:** FMB CENTER CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

100 LOVERS LANE #10  
FT. MYERS BEACH, FL 33931

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 2403  
FT. MYERS BEACH, FL 33932 US

**New Mailing Address:**

**FEI Number:** 65-1076037

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

KASTAN, CHRIS  
100 LOVERS LANE #10  
FT. MYERS BEACH, FL 33931 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:** D  
**Name:** KASTAN, CHRIS  
**Address:** 100 LOVERS LANE #10  
**City-St-Zip:** FT. MYERS BEACH, FL 33931

**Title:** D  
**Name:** KASTAN, DOLORES  
**Address:** 100 LOVERS LANE #10  
**City-St-Zip:** FT. MYERS BEACH, FL 33931

**Title:** D  
**Name:** KASTAN, NICK  
**Address:** 100 LOVERS LANE #10  
**City-St-Zip:** FT. MYERS BEACH, FL 33931

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:** CHRIS KASTAN

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02/07/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date