

2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 731803

Entity Name: CAPE-GONDO CONDOMINIUMS, INC.**Current Principal Place of Business:**AMERICAN CONDO ASSOC.
4223 DEL PRADO S
CAPE CORAL, FL 33904**Current Mailing Address:**AMERICAN CONDO MANAGEMENT
PO BOX 100399
CAPE CORAL, FL 33910 US**FEI Number:** 59-1723307**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**VANDYKE, LYNNE
AMERICAN CONDO ASSOC.
4223 DEL PRADO S
CAPE CORAL, FL 33904 US*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:** LYNNE VANDYKE

03/29/2025

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	DIRECTOR
Name	ANDERSON, JAMES
Address	C/O AMERICAN CONDO MANAGEMENT PO BOX 100399
City-State-Zip:	CAPE CORAL FL 33910

Title	PRESIDENT
Name	SPARKS, GARY
Address	C/O AMERICAN CONDO MANAGEMENT PO BOX 100399
City-State-Zip:	CAPE CORAL FL 33910

Title	VP
Name	HENLEY, KAREN
Address	C/O AMERICAN CONDO MANAGEMENT PO BOX 100399
City-State-Zip:	CAPE CORAL FL 33910

Title	SECRETARY
Name	RICKETTS, MARIE
Address	C/O AMERICAN CONDO MANAGEMENT PO BOX 100399
City-State-Zip:	CAPE CORAL FL 33910

Title	TREASURER
Name	SCHRADER, JANIS
Address	C/O AMERICAN CONDO MANAGEMENT PO BOX 100399
City-State-Zip:	CAPE CORAL FL 33910

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: GARY SPARKS

PRESIDENT

03/29/2025

Electronic Signature of Signing Officer/Director Detail

Date