

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 739414

Entity Name: CORAL DEL RIO II CONDOMINIUM ASSOCIATION, INC.**Current Principal Place of Business:**C/O AMERICAN CONDO MGMT
4223 DEL PRADO BLVD S
CAPE CORAL, FL 33904**Current Mailing Address:**C/O AMERICAN CONDO MGMT, INC.
PO BOX 100399
CAPE CORAL, FL 33910 US**FEI Number:** 59-1743368**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**KASE, SUSAN
AMERICAN CONDO MANAGEMENT
4223 DEL PRADO BLVD 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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	S
Name	ANDERSON, JAMES
Address	C/O AMERICAN CONDO MGMT, INC. PO BOX 100399
City-State-Zip:	CAPE CORAL FL 33910

Title	PRESIDENT
Name	FOSTER, RANDAL
Address	AMERICAN CONDO MANAGEMENT P.O. BOX 100399
City-State-Zip:	CAPE CORAL FL 33910

Title	DIRECTOR
Name	WOLEK, JOHN
Address	C/O AMERICAN CONDO MGMT, INC. PO BOX 100399
City-State-Zip:	CAPE CORAL FL 33910

Title	TREASURER
Name	MILLER, GLENDA
Address	C/O AMERICAN CONDO MGMT, INC. PO BOX 100399
City-State-Zip:	CAPE CORAL FL 33910

Title	VP
Name	WOOD, TOM
Address	C/O AMERICAN CONDO MGMT, INC. 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: RANDAL FOSTER

PRESIDENT

01/27/2020

Electronic Signature of Signing Officer/Director Detail_____
Date