

2023 FLORIDA NOT FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# 739506

Entity Name: CAXAMBAS TOWER CONDOMINIUM ASSOCIATION, INC.**Current Principal Place of Business:**C/O RESORT MANAGEMENT
2685 HORSESHOE DR S SUITE#215
NAPLES, FL 34104**Current Mailing Address:**C/O RESORT MANAGEMENT
2685 HORSESHOE DR S SUITE#215
NAPLES, FL 34104 US**FEI Number:** 59-1901000**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**RESORT MANAGEMENT
C/O RESORT MANAGEMENT
2685 HORSESHOE DR S SUITE#215
NAPLES, FL 34104 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:** ROBERT ROSENOW

11/15/2023

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIRECTOR
Name FULLER, PETER
Address C/O RESORT MANAGEMENT
2685 HORSESHOE DR S SUITE#215
City-State-Zip: NAPLES FL 34104

Title DIRECTOR
Name BALLINGER, CATHERINE
Address C/O RESORT MANAGEMENT
2685 HORSESHOE DR S SUITE#215
City-State-Zip: NAPLES FL 34104

Title TREASURER
Name PECK, STEVE
Address C/O RESORT MANAGEMENT
2685 HORSESHOE DR S SUITE#215
City-State-Zip: NAPLES FL 34104

Title PRESIDENT
Name EDWARDS, KATHLEEN
Address C/O RESORT MANAGEMENT
2685 HORSESHOE DR S SUITE#215
City-State-Zip: NAPLES FL 34104

Title VP
Name SCHNELL, THOMAS
Address C/O RESORT MANAGEMENT
2685 HORSESHOE DR S SUITE#215
City-State-Zip: NAPLES FL 34104

Title SECRETARY
Name BITZAN, MARY
Address C/O RESORT MANAGEMENT
2685 HORSESHOE DR S SUITE#215
City-State-Zip: NAPLES FL 34104

Title DIRECTOR
Name FABIJANIL, MICHAEL
Address C/O RESORT MANAGEMENT
2685 HORSESHOE DR S SUITE#215
City-State-Zip: NAPLES FL 34104

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: THOMAS SCHNELL

VP

11/15/2023

Electronic Signature of Signing Officer/Director Detail

Date