2023 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# 755705

Entity Name: MARINA ISLES CONDOMINIUM ASSOCIATION, INC.

FILED
Jul 26, 2023
Secretary of State
7981775423CC

Current Principal Place of Business:

CAPSTONE ASSOCIATION MANAGEMENT 5602 MARQUESAS CIRCLE #101

SARASOTA, FL 34233

Current Mailing Address:

CAPSTONE ASSOCIATION MANAGEMENT 5602 MARQUESAS CIRCLE #101 SARASOTA, FL 34233 US

FEI Number: 59-2314569 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CAPSTONE ASSOCIATION MANAGEMENT CAPSTONE ASSOCIATION MANAGEMENT 5602 MARQUESAS CIRCLE #101 SARASOTA, FL 34233 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: DYLAN CLEMENTS 07/26/2023

Electronic Signature of Registered Agent Date

Officer/Director Detail:

Address

Title DIRECTOR Title DIRECTOR

Name SWAN, SCOTT Name NELSON, CLAIRE

Address CAPSTONE ASSOCIATION Address CAPSTONE ASSOCIATION

MANAGEMENT MANAGEMENT

5602 MARQUESAS CIRCLE #101 5602 MARQUESAS CIRCLE #101

City-State-Zip: SARASOTA FL 34233 City-State-Zip: SARASOTA FL 34233

Title TREASURER Title PRESIDENT

Name GAGNON, AL Name SCOTT, DANIEL

Address CAPSTONE ASSOCIATION Address CAPSTONE ASSOCIATION

MANAGEMENT MANAGEMENT

5602 MARQUESAS CIRCLE #101 5602 MARQUESAS CIRCLE #101

City-State-Zip: SARASOTA FL 34233 City-State-Zip: SARASOTA FL 34233

 Title
 SECRETARY
 Title
 DIRECTOR

 Name
 MENDERA, JOSEPH
 Name
 STEIFF, KENT

Address CAPSTONE ASSOCIATION Address ARGUS MANAGEMENT OF VENICE

MANAGEMENT 1062 E. VENICE AVENUE

5602 MARQUESAS CIRCLE #101 City-State-Zip: VENICE FL 34285
City-State-Zip: SARASOTA FL 34233

City-State-Zip: SARASOTA FL 34233

Title DIRECTOR

Title VP Name IRWIN, ROBERT

Name SUTER, JOHN Address CAPSTONE ASSOCIATION

CAPSTONE ASSOCIATION MANAGEMENT

MANAGEMENT 5602 MARQUESAS CIRCLE #101

5602 MARQUESAS CIRCLE #101 City-State-Zip: SARASOTA FL 34233
City-State-Zip: SARASOTA FL 34233

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: DANIEL SCOTT PRESIDENT 07/26/2023