

**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N05000002645

**Entity Name:** CAPE SOUND ON AMELIA ISLAND CONDOMINIUM ASSOCIATION, INC.

**FILED**  
**Feb 15, 2022**  
**Secretary of State**  
**7490712737CC**

**Current Principal Place of Business:**

7400 BAYMEADOWS WAY  
STE 317  
JACKSONVILLE, FL 32256

**Current Mailing Address:**

7400 BAYMEADOWS WAY  
STE 317  
JACKSONVILLE, FL 32256 US

**FEI Number: 20-5796119**

**Certificate of Status Desired: No**

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

ASSOCIA -COMMUNITY MANAGEMENT CONCEPTS OF JACKSONVILLE INC  
7400 BAYMEADOWS WAY  
STE 317  
JACKSONVILLE, FL 32256 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: JAMES GIANCOLA**

**02/15/2022**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title SECRETARY  
Name SAUER, RICH  
Address 7400 BAYMEADOWS WAY  
STE 317  
City-State-Zip: JACKSONVILLE FL 32256

Title PRESIDENT  
Name MORSE, BARBARA  
Address 7400 BAYMEADOWS WAY  
STE 317  
City-State-Zip: JACKSONVILLE FL 32256

Title TREASURER  
Name ADAMS, CATHY  
Address 7400 BAYMEADOWS WAY  
STE 317  
City-State-Zip: JACKSONVILLE FL 32256

Title DIRECTOR  
Name SHWARTZ, ROSE  
Address 7400 BAYMEADOWS WAY  
STE 317  
City-State-Zip: JACKSONVILLE FL 32256

Title VP  
Name ALPERSTEIN, STEVEN  
Address 7400 BAYMEADOWS WAY  
STE 317  
City-State-Zip: JACKSONVILLE FL 32256

*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: BARBARA MORSE**

**PRESIDENT**

**02/15/2022**

Electronic Signature of Signing Officer/Director Detail

Date