## 2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000007754

Entity Name: STADIUM VIEW CONDOMINIUM ASSOCIATION, INC.

FILED Feb 21, 2019 Secretary of State 3401705028CC

Date

## **Current Principal Place of Business:**

215 W COLLEGE AVE TALLAHASSEE, FL 32301

## **Current Mailing Address:**

PO BOX 3965

TALLAHASSEE, FL 32315

FEI Number: 56-2597631 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

SWAIN, PATRICIA 215 W COLLEGE AVE TALLAHASSEE, FL 32301 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: PATRICIA SWAIN 02/21/2019

Electronic Signature of Registered Agent

Officer/Director Detail:

Title PRESIDENT Title VP

Name SCHMOOKLER, SANFORD M Name CHRIST, MARIAN

Address P. O. BOX 15191 Address 2318 CAREFREE COVE

City-State-Zip: TALLAHASSEE FL 32317 City-State-Zip: TALLAHASSEE FL 32308

Title SECRETARY, TREASURER Title DIRECTOR

Name ADDISON, BOBBY Name HIBBARD, JOSEPH
Address 156 EAST LAKE LANDING Address 625 FOUNTAIN BLVD

City-State-Zip: NEWMAN FL 30965 City-State-Zip: SATELLITE BEACH FL 32937

Title DIRECTOR Title MANAGING AGENT

Name HAWKINS, DAVID Name CAPITAL ASSOCIATION MANAGEMENT LLC

Address 4803 PRINCE EDWARD RD Address PO BOX 3965

City-State-Zip: JACKSONVILLE FL 32210-8119 City-State-Zip: TALLAHASSEE FL 32315

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: KYLE ROWELL CFO 02/21/2019