

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000007754

Entity Name: STADIUM VIEW CONDOMINIUM ASSOCIATION, INC.

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

Date

Officer/Director Detail :

Title PRESIDENT
Name SCHMOOKLER, SANFORD M
Address P. O. BOX 15191
City-State-Zip: TALLAHASSEE FL 32317

Title VP
Name CHRIST, MARIAN
Address 2318 CAREFREE COVE
City-State-Zip: TALLAHASSEE FL 32308

Title SECRETARY, TREASURER
Name ADDISON, BOBBY
Address 156 EAST LAKE LANDING
City-State-Zip: NEWMAN FL 30965

Title DIRECTOR
Name HIBBARD, JOSEPH
Address 625 FOUNTAIN BLVD
City-State-Zip: SATELLITE BEACH FL 32937

Title DIRECTOR
Name HAWKINS, DAVID
Address 4803 PRINCE EDWARD RD
City-State-Zip: JACKSONVILLE FL 32210-8119

Title MANAGING AGENT
Name CAPITAL ASSOCIATION
 MANAGEMENT LLC
Address PO BOX 3965
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

Electronic Signature of Signing Officer/Director Detail

Date