	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						
	SIGNATURE: PATRICIA SWAIN						
		Electronic Signature of Registered Agent					
Officer/Director Detail :							
	Title F	PRESIDENT	Title	VP			
	Name S	SCHMOOKLER, SANFORD M	Name	CHRIST, MARIAN			

TALLAHASSEE, FL 32315	
FEI Number: 56-2597631	Certificate of Statu
Name and Address of Current Registered Agent	:
SWAIN , PATRICIA	

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

Entity Name: STADIUM VIEW CONDOMINIUM ASSOCIATION, INC.

TALLAHASSEE, FL 32301 **Current Mailing Address:**

215 W COLLEGE AVE

PO BOX 3965

DOCUMENT# N0500007754

Current Principal Place of Business:

oth, in the State of Florida.

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

01/16/2020

Electronic Signature of Signing Officer/Director Detail

01/16/2020 Date

us Desired: No