

2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000006358

Entity Name: CAPITAL LUXURY CONDOMINIUM ASSOCIATION, INC.**Current Principal Place of Business:**1202 EAST PARK AVENUE
TALLAHASSEE, FL 32301**Current Mailing Address:**CAPITAL ASSOCIATION MANAGEMENT
PO BOX 3965
TALLAHASSEE, FL 32315 US**FEI Number:** 20-4649087**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SWAIN , PATRICIA
C/O CAPITAL ASSOCIATION MANAGEMENT
PO BOX 3965
TALLAHASSEE, FL 32315 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

01/26/2025

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	PRESIDENT
Name	KHOSA, DEEPAK
Address	PO BOX 3965
City-State-Zip:	TALLAHASSEE FL 32315

Title	ASSOCIATION MANAGER
Name	CAPITAL ASSOCIATION MANAGEMENT LLC
Address	PO BOX 3965
City-State-Zip:	TALLAHASSEE FL 32315

Title	SECRETARY
Name	CHABRA, SUHAIL
Address	PO BOX 3965
City-State-Zip:	TALLAHASSEE FL 32315

Title	VP
Name	SINGH, SUDHR
Address	PO BOX 3965
City-State-Zip:	TALLAHASSEE FL 32315

Title	TREASURER
Name	WILEY, ERIC
Address	PO BOX 3965
City-State-Zip:	TALLAHASSEE FL 32315

Title	DIRECTOR
Name	DURR, PHILLIP
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: KHOSA , DEEPAK

PRESIDENT

01/26/2025

Electronic Signature of Signing Officer/Director Detail

Date