

FILE NOW: FILING FEE IS \$61.25

FILED

May 20 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 751352 (6)
1. Corporation Name
CAPISTRANO CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business 2180 W STATE ROAD 434, STE 5000 LONGWOOD FL 32779	Mailing Address 2180 W STATE ROAD 434, STE 5000 LONGWOOD FL 32779-5044
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/04/1980		3a. Date of Last Report 05/01/1996	
21		26		4. FEI Number 59-2045142		Applied For Not Applicable	
22. Suite, Apt. #, etc.		27. Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23. City & State		28. City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24. Zip	25. Country	29. Zip	30. Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
HART, JAMES W. JR. SENTRY MANAGEMENT, INC. 2180 W. STATE RD 434, SUITE 5000 LONGWOOD FL 32779				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	AKERS, BEN		1.2 NAME	BENEDETTI, DIANE	
STREET ADDRESS	200 MAITLAND AVE., #96		1.3 STREET ADDRESS	200 MAITLAND AVE	
CITY-ST-ZIP	ALTAMONE SPRINGS FL		1.4 CITY-ST-ZIP	ALTAMONTE SPRINGS FL	
TITLE	PD	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARLIN, ROBERT		2.2 NAME	MATTISON, WALTER	
STREET ADDRESS	200 MAITLAND AVE #192		2.3 STREET ADDRESS	200 MAITLAND AVE #130	
CITY-ST-ZIP	ALTAMONTE SPRGS FL		2.4 CITY-ST-ZIP	ALTAMONTE SPRINGS FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BULLINGHAM, RONALD F		3.2 NAME	MASON, ROBIN	
STREET ADDRESS	320 SOUTH COT DR		3.3 STREET ADDRESS	200 MAITLAND AVE #56	
CITY-ST-ZIP	CASSELBERRY FL		3.4 CITY-ST-ZIP	ALTAMONTE SPRINGS FL	
TITLE	SD	<input type="checkbox"/> DELETE	4.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOREN, DOVI		4.2 NAME	GOREN, DOVI	
STREET ADDRESS	200 MAITLAND AVE #217		4.3 STREET ADDRESS	200 MAITLAND AVE #217	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL		4.4 CITY-ST-ZIP	ALTAMONTE SPRINGS FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GRIFFITH, SHARON		5.2 NAME	QUESADA, HEDDA	
STREET ADDRESS	821 RIVERBEND BLVD.		5.3 STREET ADDRESS	2623 BRECCA CT	
CITY-ST-ZIP	LONGWOOD FL		5.4 CITY-ST-ZIP	APOPKA FL	
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* PRES. 3-19-97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0014960

CR2E037 (9/96)