

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 14, 2000 8:00 am
Secretary of State

02-14-2000 90049 011 ****61.25

DOCUMENT # 751352
 i. Entity Name
CAPISTRANO CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business Mailing Address
 W STATE ROAD 434, STE 5000 2180 W STATE ROAD 434, STE 5000
 FL 32779 LONGWOOD FL 32779-5042

COU2139U



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
 200 Maitland Avenue 200 Maitland Avenue
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
 Altamonte Springs, FL Altamonte Springs, FL
 Zip Country Zip Country
 32701 Seminole 32701 Seminole

4. FEI Number Applied For
59-2045142 Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
HART, JAMES W. JR.
SENTRY MANAGEMENT, INC.
2180 W. STATE RD 434, SUITE 5000
LONGWOOD FL 32779

7. Name and Address of New Registered Agent
 Name
Pat Kehler, Regency Professional Management
 Street Address (P.O. Box Number is Not Acceptable)
407 WEKIVA SPRINGS ROAD # 205
 City State Zip Code
 Longwood FL 32779

8. 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 *Pat Kehler, Agent* DATE 1/27/00
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	VERSO, PAT	
STREET ADDRESS	605 MARINER WAY	
CITY-ST-ZIP	ALTAMONE SPRINGS FL 32701	
TITLE	SD	<input type="checkbox"/> Delete
NAME	MASON, ROBBIN	
STREET ADDRESS	200 MAITLAND AVE., #58	
CITY-ST-ZIP	CASSELBERRY FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	QUESADA, HEDDA	
STREET ADDRESS	2023 BRECON ST 1030 LAKESIDE DR.	
CITY-ST-ZIP	APOPKA FL 32712-8115	
TITLE	D	<input type="checkbox"/> Delete
NAME	CASE, BOBBIE	
STREET ADDRESS	200 MAITLAND AVE #174	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	QUESADA, HEDDA	
STREET ADDRESS	1030 LAKESIDE DRIVE	
CITY-ST-ZIP	APOPKA, FL 32712-8115	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CASE BOBBIE	
STREET ADDRESS	200 MAITLAND AVE #174	
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32701	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MATTISON, WALTER	
STREET ADDRESS	200 MAITLAND AVE #130	
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32701	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Walter Mattison* Date 2-7-00 Daytime Phone # 407-786-5100
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/99)