

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 751352

i. Entity Name

CAPISTRANO CONDOMINIUM ASSOCIATION, INC.

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

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

Principal Place of Business

Mailing Address

W STATE ROAD 434, STE 5000
FL 32779

2180 W STATE ROAD 434, STE 5000
LONGWOOD FL 32779-5042

CU021390



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

200 Maitland Avenue

Suite, Apt. #, etc.

3. Mailing Address

200 Maitland Avenue

Suite, Apt. #, etc.

City & State
Altamonte Springs, FL

City & State
Altamonte Springs, FL

4. FEI Number

59-2045142

Applied For

Not Applicable

Zip
32701

Country
Seminole

Zip
32701

Country
Seminole

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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
Longwood

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD VERSO, PAT 605 MARINER WAY ALTAMONE SPRINGS FL 32701	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MASON, ROBBIN 200 MAITLAND AVE., #56 CASSELBERRY FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD QUESADA, HEDDA 1030 LAKESIDE DR. APOKA FL 32712-8115	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CASE, BOBBIE 200 MAITLAND AVE #174 ALTAMONTE SPRINGS FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-7-00

407-786-5100

CR2E037 (9/99)