

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 751352

1. Entity Name

CAPISTRANO CONDOMINIUM ASSOCIATION, INC.

FILED
Jan 26, 2001 8:00 am
Secretary of State

01-26-2001 90101 015 ****61.25

Principal Place of Business

200 MAITLAND AVENUE
ALTAMONTE SPRINGS FL 32701

Mailing Address

200 MAITLAND AVENUE
ALTAMONTE SPRINGS FL 32701

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2045142

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KEHLER, PAT
REGENCY PROFESSIONAL MANAGEMENT
407 WEKIVA SPRINGS ROAD #205
LONGWOOD FL 32779

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

TITLE SD
NAME MASON, ROBBIN ☐ Delete
STREET ADDRESS 200 MAITLAND AVE., #56
CITY-ST-ZIP CASSELBERRY FL

TITLE PD
NAME QUESADA, HEDDA ☐ Delete
STREET ADDRESS 1030 LAKESIDE DRIVE
CITY-ST-ZIP APOPKA FL 32712-8115

TITLE DV
NAME CASE, BOBBIE ☒ Delete
STREET ADDRESS 200 MAITLAND AVE #174
CITY-ST-ZIP ALTAMONTE SPRINGS FL 32701

TITLE D
NAME MATTISON, WALTER ☐ Delete
STREET ADDRESS 200 MAITLAND AVE #130
CITY-ST-ZIP ALTAMONTE SPRINGS FL 32701

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D
NAME MACHTOLFF, TRACY ☐ Change ☒ Addition
STREET ADDRESS 200 MAITLAND AVE #176
CITY-ST-ZIP ALTAMONTE SPRINGS FL 32701

TITLE TD
NAME LEVITI, PATTI ☐ Change ☒ Addition
STREET ADDRESS 200 MAITLAND AVE #45
CITY-ST-ZIP ALTAMONTE SPRINGS, FL 32701

TITLE VD
NAME MATTISON, WALTER ☒ Change ☐ Addition
STREET ADDRESS 200 MAITLAND AVE #130
CITY-ST-ZIP ALTAMONTE SPRINGS, FL 32701

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)