ALTAMONTE SPRINGS, FL 32701			
Current Mai	ling Address:		
P.O. BOX 16 ALTAMONT	62147 E SPRINGS, FL 32716 US		
FEI Number: 59-2045142			Certificate of Status Desired: No
Name and Address of Current Registered Agent:			
225 S. WESTM SUITE 3310	INITY ASSOCIATION MANAGEMENT ONTE DRIVE SPRINGS, FL 32714 US		
The above name	d entity submits this statement for the purpose of changing its regi	stered office or regis	tered agent, or both, in the State of Florida.
SIGNATURE	TINA YAMADA		04/07/2017
	Electronic Signature of Registered Agent		Date
Officer/Dire	ctor Detail :		
Officer/Dire	ctor Detail : DIRECTOR	Title	DIRECTOR
		Title Name	DIRECTOR MATTISON, WALTER
Title	DIRECTOR		
Title Name	DIRECTOR LEVITI, JEANETTE P.O. BOX 162147	Name	MATTISON, WALTER P.O. BOX 162147
Title Name Address	DIRECTOR LEVITI, JEANETTE P.O. BOX 162147	Name Address	MATTISON, WALTER P.O. BOX 162147
Title Name Address City-State-Zip:	DIRECTOR LEVITI, JEANETTE P.O. BOX 162147 ALTAMONTE SPRINGS FL 32716	Name Address City-State-Zip:	MATTISON, WALTER P.O. BOX 162147 ALTAMONTE SPRINGS FL 32716
Title Name Address City-State-Zip: Title	DIRECTOR LEVITI, JEANETTE P.O. BOX 162147 ALTAMONTE SPRINGS FL 32716 SECRETARY	Name Address City-State-Zip: Title	MATTISON, WALTER P.O. BOX 162147 ALTAMONTE SPRINGS FL 32716 PRESIDENT
Title Name Address City-State-Zip: Title Name	DIRECTOR LEVITI, JEANETTE P.O. BOX 162147 ALTAMONTE SPRINGS FL 32716 SECRETARY MCGUCKIN, BETTY LOU P.O. BOX 162147	Name Address City-State-Zip: Title Name Address	MATTISON, WALTER P.O. BOX 162147 ALTAMONTE SPRINGS FL 32716 PRESIDENT GREER, JESSE
Title Name Address City-State-Zip: Title Name Address	DIRECTOR LEVITI, JEANETTE P.O. BOX 162147 ALTAMONTE SPRINGS FL 32716 SECRETARY MCGUCKIN, BETTY LOU P.O. BOX 162147	Name Address City-State-Zip: Title Name Address	MATTISON, WALTER P.O. BOX 162147 ALTAMONTE SPRINGS FL 32716 PRESIDENT GREER, JESSE P.O. BOX 162147
Title Name Address City-State-Zip: Title Name Address City-State-Zip:	DIRECTOR LEVITI, JEANETTE P.O. BOX 162147 ALTAMONTE SPRINGS FL 32716 SECRETARY MCGUCKIN, BETTY LOU P.O. BOX 162147 ALTAMONTE SPRINGS FL 32716	Name Address City-State-Zip: Title Name Address	MATTISON, WALTER P.O. BOX 162147 ALTAMONTE SPRINGS FL 32716 PRESIDENT GREER, JESSE P.O. BOX 162147
Title Name Address City-State-Zip: Title Name Address City-State-Zip: Title	DIRECTOR LEVITI, JEANETTE P.O. BOX 162147 ALTAMONTE SPRINGS FL 32716 SECRETARY MCGUCKIN, BETTY LOU P.O. BOX 162147 ALTAMONTE SPRINGS FL 32716	Name Address City-State-Zip: Title Name Address	MATTISON, WALTER P.O. BOX 162147 ALTAMONTE SPRINGS FL 32716 PRESIDENT GREER, JESSE P.O. BOX 162147

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: JESSE GREER

PRESIDENT

04/07/2017

Electronic Signature of Signing Officer/Director Detail

CC9160022363

DOCUMENT# 751352

Entity Name: CAPISTRANO CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

200 MAITLAND AVENUE

Date