

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 29, 2007 8:00 am
Secretary of State

03-29-2007 90013 046 ****61.25

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

Principal Place of Business 200 MAITLAND AVENUE ALTAMONTE SPRINGS FL 32701	Mailing Address 200 MAITLAND AVENUE ALTAMONTE SPRINGS FL 32701
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State Zip Country	City & State Zip Country

1st MOORE CR2E037 (10/06)

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 HARA MANAGEMENT, INC. 118 NORTH WYMORE ROAD WINTER PARK FL FL	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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. I am familiar with, and accept the obligations of registered agent.

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

FILE NOW: FEE IS \$61.25 Due By May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	P NICHOLSON, CONSTANTINE 200 MAITLAND AVE, # 179 ALTAMONTE SPRINGS FL 32701 ☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<i>Vice President</i> <i>Walter Mathison</i> ☒ Change ☐ Addition <i>200 Maitland Ave #130</i> <i>Altamonte Sps. FL 32701</i>
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VP DRESSNER, LEE 200 MAITLAND AVE, # 126 ALTAMONTE SPRINGS FL 32701 ☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<i>Secretary</i> <i>Nancy Crook</i> ☐ Change ☒ Addition <i>200 Maitland Ave #154</i> <i>Altamonte Sps. FL 32701</i>
TITLE NAME STREET ADDRESS CITY- ST- ZIP	BM MATTESON130, WALTER 200 MAITLAND AVE, ALTAMONTE SPRINGS FL 32701 ☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<i>Director</i> <i>Joe Estill</i> ☐ Change ☒ Addition <i>200 Maitland Ave #164</i> <i>Altamonte Sps, FL 32701</i>
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<i>Director</i> <i>Lee Dressner</i> ☒ Change ☐ Addition <i>200 Maitland Ave #126</i> <i>Altamonte Sps, FL 32701</i>
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: *C.G. Nicholson* **C.G. Nicholson** **3/6/07** **407-691-5341**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #