

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 08, 2006 8:00 am
Secretary of State

04-17-2006 90392 041 ****61.25

DOCUMENT #755173
 1. FORTIFIED
 EL CAPISTRANO CONDOMINIUM ASSOCIATION, INC.



187 FOREST LAKES BLVD. 187 FOREST LAKES BLVD.
 NAPLES, FL 34105 US NAPLES, FL 34105 US

66013000



2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
 Zip Country Zip Country

03082006 Chg-NP CR2E037 (11/05)

4. FEI Number 59-2343194 Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 GRACEY, ROBERT
 187 FOREST LAKES BLVD.
 NAPLES, FL 34105

7. Name and Address of New Registered Agent
 FL

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-electing)

Filing Fee is \$61.25 Due by May 1, 2006 9. \$5.00 May Be Added to Fees -- Make check payable to Florida Department of State

10. <input type="checkbox"/> Delete		11. <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME	PD ADAM, LORE	TITLE NAME	President Lore Adams Almeida 203
STREET ADDRESS	700 VALLY STREAM SR 203	STREET ADDRESS	700 Valley Stream Dr
CITY-ST-ZIP	NAPLES, FL 34113	CITY-ST-ZIP	Naples Fl 34113
TITLE NAME	TD RANUCCI, MICHAEL	TITLE NAME	
STREET ADDRESS	700 VALLY STREAM DR 301	STREET ADDRESS	
CITY-ST-ZIP	NAPLES, FL 34113	CITY-ST-ZIP	
TITLE NAME	P PARRISH, ELEANOR	TITLE NAME	
STREET ADDRESS	700 VALLEY STREAM DR 204	STREET ADDRESS	
CITY-ST-ZIP	NAPLES, FL 34113	CITY-ST-ZIP	
TITLE NAME	D KERR, FRANK	TITLE NAME	
STREET ADDRESS	700 VALLEY STREAM DR., #300	STREET ADDRESS	
CITY-ST-ZIP	NAPLES, FL 34113	CITY-ST-ZIP	
TITLE NAME		TITLE NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE NAME		TITLE NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: Lore Adams 5-2-06
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #