


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**


**FILED**  
**Apr 19, 2007 08:00 A**  
**Secretary of State**

**DOCUMENT # 755173**  
 1. Entity Name  
 EL CAPISTRANO CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business: 187 FOREST LAKES BLVD. NAPLES, FL 34105 US  
 Mailing Address: 187 FOREST LAKES BLVD. NAPLES, FL 34105 US

**DO NOT WRITE IN THIS SPACE**



04122007 No Chg-NP CR2E037 (4/06)

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

**DO NOT WRITE IN THIS SPACE**

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 reinstating) DATE \_\_\_\_\_

**Filing Fee is \$61.25 Due by May 1, 2007**

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	LORE, ADAM
STREET ADDRESS	700 VALLY STREAM SR 203
CITY-ST-ZIP	NAPLES, FL 34113
TITLE	TD
NAME	RANUCCI, MICHAEL
STREET ADDRESS	700 VALLY STREAM DR 301
CITY-ST-ZIP	NAPLES, FL 34113
TITLE	P
NAME	PARRISH, ELEANOR
STREET ADDRESS	700 VALLEY STREAM DR 204
CITY-ST-ZIP	NAPLES, FL 34113
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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U00000718301  
 05/01/07-80017-006 61.25

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: Michael Ranucci Michael Ranucci 4/17/07 239-784-1841  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #