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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

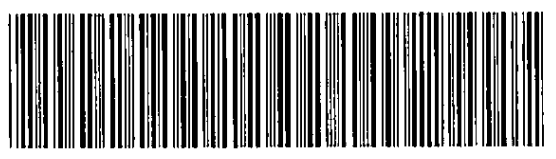
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** CAPISTRANO ACRES MUTUAL WATER COMPANY

Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

ROBERT STEWART HONEYMAN JR

Name of Person

CAPISTRANO ACRES MUTUAL WATER COMPANY

Firm/Company

1200 QUAIL STREET, SUITE 175

Address

NEWPORT BEACH, CA 92660

City/State and Zip code

EROA@CAMWATERCO.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

EDEN E. ROA, SECRETARY

at ( 714 ) 932-7995

Name of Person

Area Code

Daytime Telephone Number

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

\$70.00 Filing Fee     \$78.75 Filing Fee &     \$78.75 Filing Fee &     \$87.50 Filing Fee,

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. CAPISTRANO ACRES MUTUAL WATER COMPANY

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. CALIFORNIA

3. 95-6092473

(State or country under the law of which it is incorporated)

(FEI number, if applicable)

4. MARCH 31, 1938

5.

(Date of incorporation)

(Date of duration, if other than perpetual)

6. MAY, 2021

(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 1200 QUAIL STREET, SUITE 175, NEWPORT BEACH, CA 92660

(Principal office street address)

(Current mailing address, if different)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: JOHN R. EUBANKS JR

Office Address: 605 NORTH OLIVE AVE., 2ND FLR

WEST PALM BEACH

(City)

, Florida 33401

(Zip code)

9. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

[Handwritten signature]

(Registered agent's signature)

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

REC FEB - 2 P 11 4: 39

**A. DIRECTORS**

Chairman Name: ROBERT STEWART HONEYMAN  
 Vice Chairman Address: 1200 QUAIL STREET  
 Director SUITE 175  
 President NEWPORT BEACH  
 Vice President CALIFORNIA 92660  
 Secretary  Treasurer  
 Other CEO/CFO  Other \_\_\_\_\_

Chairman Name: EDEN E. ROA  
 Vice Chairman Address: 1200 QUAIL STREET  
 Director SUITE 175  
 President NEWPORT BEACH  
 Vice President CALIFORNIA 92660  
 Secretary  Treasurer  
 Other \_\_\_\_\_  Other \_\_\_\_\_

Chairman Name: ROBERT STEWART HONEYMAN  
 Vice Chairman Address: 1200 QUAIL STREET  
 Director SUITE 175  
 President NEWPORT BEACH  
 Vice President CALIFORNIA 92660  
 Secretary  Treasurer  
 Other \_\_\_\_\_  Other \_\_\_\_\_

Chairman Name: ROBERT W. CRAWFORD  
 Vice Chairman Address: 1200 QUAIL STREET  
 Director SUITE 175  
 President NEWPORT BEACH  
 Vice President CALIFORNIA 92660  
 Secretary  Treasurer  
 Other \_\_\_\_\_  Other \_\_\_\_\_

Chairman Name: YGNACIO SOTO  
 Vice Chairman Address: 1200 QUAIL STREET  
 Director SUITE 175  
 President NEWPORT BEACH  
 Vice President CALIFORNIA 92660  
 Secretary  Treasurer  
 Other \_\_\_\_\_  Other \_\_\_\_\_

Chairman Name: \_\_\_\_\_  
 Vice Chairman Address: \_\_\_\_\_  
 Director \_\_\_\_\_  
 President \_\_\_\_\_  
 Vice President \_\_\_\_\_  
 Secretary  Treasurer  
 Other \_\_\_\_\_  Other \_\_\_\_\_

**Important Notice:** Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

12. *Robert S. Honeyman Jr.*  
 \_\_\_\_\_  
 Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

13. ROBERT STEWART HONEYMAN JR  
 \_\_\_\_\_  
 (Typed or printed name and capacity of person signing application)



## Secretary of State Certificate of Status

I, SHIRLEY N. WEBER, PH.D., California Secretary of State, hereby certify:

**Entity Name:** CAPISTRANO ACRES MUTUAL WATER COMPANY  
**Entity No.:** 0175104  
**Registration Date:** 03/31/1938  
**Entity Type:** Stock Corporation - CA - General  
**Formed In:** CALIFORNIA  
**Status:** Active

The above referenced entity is active on the Secretary of State's records and is authorized to exercise all its powers, rights and privileges in California.

This certificate relates to the status of the entity on the Secretary of State's records as of the date of this certificate and does not reflect documents that are pending review or other events that may impact status.

No information is available from this office regarding the financial condition, status of licenses, if any, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of January 31, 2024.

SHIRLEY N. WEBER, PH.D.  
Secretary of State

Certificate No.: 178349841

To verify the issuance of this Certificate, see the Certificate Number with the Secretary of State.

# SNIFFEN & SPELLMAN, P.A.

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Sender's Direct Line: (561) 721-4002

Email: jeubanks@sniffenlaw.com

February 1, 2024

VIA FEDEX

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

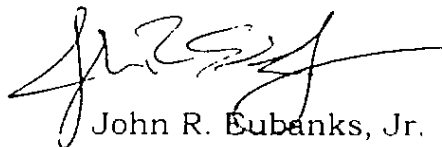
**Re: Capistrano Acres Mutual Water Company**

To Whom It May Concern:

Enclosed is an Application by Foreign Corporation and original Certificate of Status for Capistrano Acres Mutual Water Company. Please return a certified copy and certificate of status to our office in the enclosed FedEx envelope. A check in the amount of \$87.50 is enclosed to cover the required costs.

Please call our office if you have any questions.

Sincerely,



John R. Eubanks, Jr.

JREjr:mar  
Enclosures

**REPLY TO:**

605 NORTH OLIVE AVENUE, 2ND FLOOR

WEST PALM BEACH, FL • 33401

PHONE: 561.721.4000

FAX: 561.721.4001

123 NORTH MONROE STREET

TALLAHASSEE, FL • 32301

PHONE: 850.205.1996

FAX: 850.205.2001