


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 30, 2004 8:00 am
Secretary of State

01-30-2004 90064 041 ****61.25

DOCUMENT # N02000000740

1. Entity Name
CAPISTRANO PALMS CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
**8222 NW SOUTH RIVER DR.
 MEDLEY, FL 33166**

Mailing Address
**8222 NW SOUTH RIVER DR.
 MEDLEY, FL 33166**

44005909



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

01062004 Chg-NP CR2E037 (10/03)

City & State

Zip Country

4. FEI Number
65-0964306

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

PEREZ, RAFAEL A
~~201 ALHAMBRA CIRCLE~~ *Alhambra*
~~SUITE 202~~ *# 702*
MIAMI, FL 33134

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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

**Filing Fee is \$61.25
 Due by May 1, 2004**

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	LASARIEGO, HUMBERTO	
STREET ADDRESS	8222 NW SOUTH RIVER DRIVE	
CITY-ST-ZIP	MEDLEY, FL 33166	
TITLE	D	<input type="checkbox"/> Delete
NAME	CASARIEGO, ORLANDO J	
STREET ADDRESS	8222 NW SOUTH RIVER DRIVE	
CITY-ST-ZIP	MEDLEY, FL 33166	
TITLE	D	<input type="checkbox"/> Delete
NAME	PEREZ, RAFAEL A	
STREET ADDRESS	201 ALHAMBRA CIRCLE SUITE 702	
CITY-ST-ZIP	CORAL GABLES, FL 33134	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>Casariago; Humberto</i>	
STREET ADDRESS	<i>8222 N.W. South River Dr</i>	
CITY-ST-ZIP	<i>Medley FL 33166</i>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Orlando J. Casariago* **1-27-04** **(305) 887-7058**

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