

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
May 12, 2009
Secretary of State**

DOCUMENT# N02000000740

Entity Name: CAPISTRANO PALMS CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

433 SWALLOW DR.
101
MIAMI SPRINGS, FL 33166

New Principal Place of Business:

Current Mailing Address:

433 SWALLOW DR
101
MIAMI SPRINGS, FL 33166

New Mailing Address:

433 SWALLOW DR.
101
MIAMI SPRINGS, FL 33166

FEI Number: 65-0964306 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

CASTILLO, NOLA
288 APACHE STREET
MIAMI SPRINGS, FL 33166 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: THOMPSON, DIANE
Address: 433 SWALLOW DR. #101
City-St-Zip: MIAMI SPRINGS, FL 33166

Title: S () Delete
Name: CASTILLO, NOLA
Address: 288 APACHE STREET
City-St-Zip: MIAMI SPRINGS, FL 33166

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NOLA CASTILLO

SEC

05/12/2009

Electronic Signature of Signing Officer or Director

_____ Date