

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N02216 (2)
1. Corporation Name
CAPITOL HILL HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business: **4401 N.W. 99TH WAY, SUNRISE FL 33351-4746**
Mailing Address: **4495 NW 99TH AVE, SUNRISE FL 33351**

3. Date Incorporated or Qualified: **03/27/1984**
3a. Date of Last Report: **03/16/1995**

2. Principal Place of Business: **21**
2a. Mailing Address: **26 10111 NW 23rd ST.**
Suite, Apt. #, etc.: **22**
City & State: **23 Coral Springs, FL**
Zip: **24 33065** Country: **25**
City & State: **27**
Zip: **29 33065** Country: **30**

4. FEI Number: **NOT APPLICABLE**
Applied For: **Not Applicable**
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
LINDWURM, GARY J.
4495 N.W. 99TH AVENUE
SUNRISE FL 33351

10. Name and Address of New Registered Agent
81 Name: **Lindwurm Gary J.**
82 Street Address (P.O. Box Number is Not Acceptable): **10111 NW 23rd street**
83
84 City: **Coral Springs** FL 85 Zip Code: **33065**

Address change

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: *[Signature]* **Gary J. Lindwurm** **4-20-96**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FENECH, FELIX	1.2 NAME	
STREET ADDRESS	4409 NW 99TH WAY	1.3 STREET ADDRESS	
CITY-ST-ZIP	SUNRISE FL	1.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LINDWURM, GARY	2.2 NAME	
STREET ADDRESS	4495 N.W. 99TH AVE.	2.3 STREET ADDRESS	10111 NW 23rd ST.
CITY-ST-ZIP	SUNRISE FL	2.4 CITY-ST-ZIP	Coral Springs, FL 33065
TITLE	PD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GALLAGHER, PAUL	3.2 NAME	
STREET ADDRESS	4434 NW 99TH TERR	3.3 STREET ADDRESS	
CITY-ST-ZIP	SUNRISE FL	3.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DLUGOSH, MIKE	4.2 NAME	
STREET ADDRESS	9901 NW 45TH ST	4.3 STREET ADDRESS	
CITY-ST-ZIP	SUNRISE FL	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	DF <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	Mary Urbano
STREET ADDRESS		5.3 STREET ADDRESS	4455 NW 99th Ave
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Sunrise, FL 33351
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	D Carolyn Santore
STREET ADDRESS		6.3 STREET ADDRESS	4475 NW 99th Ave.
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Sunrise FL 33351

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* **4-20-96** **954-731-6000**
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)