

**FILE NOW: FILING FEE IS \$61.25**

**FILED**

**Apr 03 1997 8:00am  
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N02216 (2)**  
 1. Corporation Name  
**CAPITOL HILL HOMEOWNERS' ASSOCIATION, INC.**



Principal Place of Business <b>4401 N.W. 99TH WAY SUNRISE FL 33351-4746</b>	Mailing Address <b>10111 NW 23RD ST CORAL SPRINGS FL 33065-4845 US</b>
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3. Date Incorporated or Qualified <b>03/27/1984</b>	3a. Date of Last Report <b>04/29/1996</b>
4. FEI Number <b>NOT APPLICABLE</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for Intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Country
24 Country	29 Zip
25 City & State	30 Country

**9. Name and Address of Current Registered Agent**  
**LINDWURM, GARY J.**  
**10111 NW 23RD ST**  
**CORAL SPRINGS FL 33065**

**10. Name and Address of New Registered Agent**

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**12. OFFICERS AND DIRECTORS**

TITLE	DS	<input checked="" type="checkbox"/> DELETE
NAME	MARY URBANO	
STREET ADDRESS	4455 NW 99TH AVE	
CITY-ST-ZIP	SUNRISE FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	LINDWURM, GARY	
STREET ADDRESS	1011 NW 23RD ST	
CITY-ST-ZIP	CORAL SPRINGS FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	GALLAGHER, PAUL	
STREET ADDRESS	4434 NW 99TH TERR	
CITY-ST-ZIP	SUNRISE FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	DLUGOSH, MIKE	
STREET ADDRESS	8901 NW 45TH ST	
CITY-ST-ZIP	SUNRISE FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	CAROLYN SERRATORE	
STREET ADDRESS	4475 NW 99TH AVE	
CITY-ST-ZIP	SUNRISE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	DS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	KIMBERLY SALLUSTIO	
1.3 STREET ADDRESS	4494 NW 99TH TERR	
1.4 CITY-ST-ZIP	SUNRISE FL 33351	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	MICHAEL CORTINA	
5.3 STREET ADDRESS	4416 NW 99TH AVE	
5.4 CITY-ST-ZIP	SUNRISE, FL 33351	
6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	FELIX FENECH	
6.3 STREET ADDRESS	4432 NW 99TH WAY	
6.4 CITY-ST-ZIP	SUNRISE, FL 33351	

14. I do 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 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, changed, or on an attachment with an address.

**SIGNATURE:** *Gary J. Lindwurm* **GARY J. Lindwurm** **3-25-99** **954 340-5477**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0022400

CR2E037 (9/96)