

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

**FILED**  
**Apr 15 1998 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</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 US</b>
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3. Date Incorporated or Qualified <b>03/27/1984</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>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input 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	25
29	30

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	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code

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 \_\_\_\_\_ DATE \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DS <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SALLUSTIO, KIMBERLY</b>	1.2 NAME	
STREET ADDRESS	<b>4494 NW 99TH TERR</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>SUNRISE FL</b>	1.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LINDWURM, GARY</b>	2.2 NAME	
STREET ADDRESS	<b>1011 NW 23RD ST</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CORAL SPRINGS FL</b>	2.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GALLAGHER, PAUL</b>	3.2 NAME	
STREET ADDRESS	<b>4434 NW 99TH TERR</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>SUNRISE FL</b>	3.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DLUGOSH, MIKE</b>	4.2 NAME	
STREET ADDRESS	<b>9901 NW 45TH ST</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>SUNRISE FL</b>	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CORTINA, MICHAEL</b>	5.2 NAME	
STREET ADDRESS	<b>4416 NW 99TH AVE</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>SUNRISE FL</b>	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FENECH, FELIX</b>	6.2 NAME	
STREET ADDRESS	<b>4432 NW 99TH WAY</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>SUNRISE FL</b>	6.4 CITY-ST-ZIP	

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14. 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 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]* **4-10-98 954 731-4000 (2007)**

CR2E037 (10/97)