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NONPROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N02216

1. Corporation Name

CAPITOL HILL HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business

4401 N.W. 99TH WAY
 SUNRISE FL 33351-4746

Mailing Address

1011 NW 23RD ST
 CORAL SPRINGS FL 33065
 US



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified
03/27/1984

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number
NOT APPLICABLE

Applied For
 Not Applicable

22 City & State

27 City & State

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

23 Zip Country

28 Zip Country

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

24 Zip Country

29 Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LINDWURM, GARY J.
 10111 NW 23RD ST
 CORAL SPRINGS FL 33065

81 Name

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

83

84 City

FL

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

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 DELETE
 NAME **DS**
 STREET ADDRESS **SALLUSTIO, KIMBERLY**
 CITY-ST-ZIP **4494 NW 99TH TERR**
SUNRISE FL

1.1 TITLE Change Addition
 1.2 NAME
 1.3 STREET ADDRESS
 1.4 CITY-ST-ZIP

TITLE DELETE
 NAME **T**
 STREET ADDRESS **LINDWURM, GARY**
 CITY-ST-ZIP **1011 NW 23RD ST**
CORAL SPRINGS FL

2.1 TITLE Change Addition
 2.2 NAME
 2.3 STREET ADDRESS
 2.4 CITY-ST-ZIP

TITLE DELETE
 NAME **PD**
 STREET ADDRESS **GALLAGHER, PAUL**
 CITY-ST-ZIP **4434 NW 99TH TERR**
SUNRISE FL

3.1 TITLE Change Addition
 3.2 NAME **PD**
 3.3 STREET ADDRESS **Michael P. Rosenblatt**
 3.4 CITY-ST-ZIP **9933 NW 45TH ST**
SUNRISE, FL 33351

TITLE DELETE
 NAME **VD**
 STREET ADDRESS **DLUGOSH, MIKE**
 CITY-ST-ZIP **9901 NW 45TH ST**
SUNRISE FL

4.1 TITLE Change Addition
 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP

TITLE DELETE
 NAME **D**
 STREET ADDRESS **CORTINA, MICHAEL**
 CITY-ST-ZIP **4416 NW 99TH AVE**
SUNRISE FL

5.1 TITLE Change Addition
 5.2 NAME **D**
 5.3 STREET ADDRESS **James D. Wall**
 5.4 CITY-ST-ZIP **4481 NW 99TH Terr**
Sunrise, FL 33351

TITLE DELETE
 NAME **D**
 STREET ADDRESS **FENECH, FELIX**
 CITY-ST-ZIP **4432 NW 99TH WAY**
SUNRISE FL

6.1 TITLE Change Addition
 6.2 NAME
 6.3 STREET ADDRESS
 6.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE: *[Signature]* SIGNATURE REQUIRED

3-31-99

954-340-5470

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)