

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 29, 2002 8:00 am
Secretary of State

04-29-2002 90042 035 ****61.25

DOCUMENT # N02216

1. Entity Name

CAPITOL HILL HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business

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

Mailing Address

10111 NW 23RD ST
 CORAL SPRINGS FL 33065
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

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

City

FL

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Delete
 NAME **D**
GOLDMAN, PAUL
 STREET ADDRESS **9965 NW 45TH ST.**
 CITY-ST-ZIP **SUNRISE FL 33351**

TITLE Change Addition
 NAME **PD**
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP **33065**

TITLE Delete
 NAME **SVD**
ROSENBLATT, MICHAEL P
 STREET ADDRESS **9933 NW 45 ST**
 CITY-ST-ZIP **SUNRISE FL 33351**

TITLE Change Addition
 NAME **S.D.**
Dawn A. Diedrick
 STREET ADDRESS **4483 NW 99th Ave**
 CITY-ST-ZIP **Sunrise, FL 33351**

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

TITLE Change Addition
 NAME **D**
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D**
WALL, JAMES D
 STREET ADDRESS **4481 NW 99 TERR**
 CITY-ST-ZIP **SUNRISE FL 33351**

TITLE Change Addition
 NAME **VD**
Stacey Strawder
 STREET ADDRESS **4442 NW 99th Way**
 CITY-ST-ZIP **Sunrise, FL 33351**

TITLE Delete
 NAME **D**
ALARCON, SANDRA
 STREET ADDRESS **4409 NW 99 WAY**
 CITY-ST-ZIP **SUNRISE FL**

TITLE Change Addition
 NAME **D**
Lyndi Kirkwood
 STREET ADDRESS **4463 NW 99th Way**
 CITY-ST-ZIP **Sunrise, FL 33351**

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Gary J. Lindwurm **GARY J. Lindwurm** 3/23/02 954-340-5477

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)