


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 29, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # N02216**  
 1. Entity Name  
**CAPITOL HILL HOMEOWNERS' ASSOCIATION, INC.**



Principal Place of Business      Mailing Address  
**4401 N.W. 99TH WAY**      **10111 NW 23RD ST**  
**SUNRISE, FL 33351-4746**      **CORAL SPRINGS, FL 33065 US**

**DO NOT WRITE IN THIS SPACE**



04212005 No Chg-NP      CR2E037 (10/03)

4. FEI Number      Applied For  
**NOT APPLICABLE**      Not Applicable

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

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

**DO NOT WRITE IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

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

**Filing Fee is \$61.25**  
**Due by May 1, 2005**

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

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GOLDMAN, PAUL 9865 NW 45TH ST. SUNRISE, FL 33351
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LINDWURM, GARY 1011 NW 23RD ST CORAL SPRINGS, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DIEDRICK, DAWN A 4483 NW 99TH AVE SUNRISE, FL 33351
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DLUGOSH, MIKE 9901 NW 45TH ST SUNRISE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD STRAWDER, STACEY 4442 NW 99TH WAY SUNRISE, FL 33351
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KIRKWOOD, LYNDI 4463 NW 99TH WAY FORT LAUDERDALE, FL 33351

000000343735  
 04/29/05-60108-007 61.25

**DO NOT WRITE IN THIS SPACE**

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 817, 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:**       **4-24-05**      **954-608-5478**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #