


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 26, 2006 08:00 AM
Secretary of State

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



04232006 No Chg-NP CR2E037 (11/05)

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2006**

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

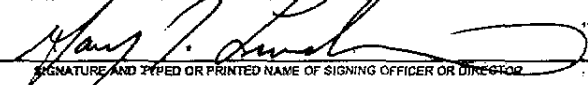
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GOLDMAN, PAUL 9965 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

UDD000534846
05/08/06-80028-019 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  **4-24-06** **954 608-5478**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #