

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N06404

1. Entity Name

CAPISTRANO CONDOMINIUM OWNERS' ASSOCIATION, INC.

FILED
Apr 27, 2000 8:00 am
Secretary of State

04-27-2000 90112 033 ****61.25

Principal Place of Business 8682 E. COUNTY HWY. 30A PANAMA CITY BEACH FL 32413	Mailing Address C/O SUNCOAST ASSOCIATION 155 POINCIANA BLVD. DESTIN FL 32541-4037
--	--



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address C/O BASIC MANAGEMENT, INC 8730 THOMAS DR. #1101 City & State PANAMA CITY BEACH, FL Zip 32408 Country USA
---	---

4. FEI Number 59-3227980	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SCOTT, WALTER D
155 POINCIANA BLVD.
DESTIN FL 32541

7. Name and Address of New Registered Agent

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. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
-------------------------------------	---	--

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	HIGGINS, SHARON	
STREET ADDRESS	12 BEECH WOOD DR.	
CITY-ST-ZIP	WAYNE NY 07470	
TITLE	VD	<input type="checkbox"/> Delete
NAME	WALCUTT, JIM	
STREET ADDRESS	332 QUALE CT.	
CITY-ST-ZIP	RUSSELL KY 41169	
TITLE	PD	<input type="checkbox"/> Delete
NAME	HARPER, JOHN	
STREET ADDRESS	404 MONTEZUMA AVE.	
CITY-ST-ZIP	DOTHAN GA 36303	
TITLE	STD	<input type="checkbox"/> Delete
NAME	SUTCLIFFE, TODD	
STREET ADDRESS	1824 HAWTHORNE ST.	
CITY-ST-ZIP	GROSS POINTE WOODS MI 48236	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *[Signature]* **SIGNATURE REQUIRED** **4/20/00 (850) 234-0349**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)