

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2001 8:00 am
Secretary of State

04-25-2001 90176 015 ****61.25

6209100

DOCUMENT # N06404

1. Entity Name

CAPISTRANO CONDOMINIUM OWNERS' ASSOCIATION, INC.

Principal Place of Business

8682 E. COUNTY HWY. 30A
 PANAMA CITY BEACH FL 32413

Mailing Address

C/O BASIC MGMT INC
 8700 THOMAS DR #1101
 PANAMA CITY BEACH FL 32408
 US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

310 DUNE ALLEN REALTY

Suite, Apt. #, etc.

5200 W. Co. Hwy. 30-A

City & State

SANTA ROSA BEACH FL

Zip

32459

Country

WALTON



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3227980

Applied For

Not Applicable

5. Certificate of Status Desired

\$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 **CLAUDIA A. MORR**

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

550 SEABREEZE CIRCLE

City **PANAMA CITY BEACH FL**

Zip Code **32413**

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 *Claudia A. Morr* **CLAUDIA A. MORR** **4/19/01**
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

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	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HIGGINS, SHARON	
STREET ADDRESS	8700 E. HWY. C 30-A	
CITY-ST-ZIP	PANAMA CITY BEACH FL 32413	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALCUTT, JIM	
STREET ADDRESS	1115 W. 125TH DR.	
CITY-ST-ZIP	WESTMINSTER, CO. 80234	
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARPER, JOHN	
STREET ADDRESS	1110 LAUREL AVE.	
CITY-ST-ZIP	DOTHAN, AL 36301	
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TODD SUTCLIFFE	
STREET ADDRESS	8682 E. HWY. C 30-A	
CITY-ST-ZIP	PANAMA CITY BEACH, FL 32413	
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: *Todd Sutcliffe*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/01

Date

850-231-6381

Daytime Phone #

CR2E037 (10/00)