2002 UNIFORM BUSINESS REPORT (UBR)

FILED Feb 04, 2002 8:00 am **DOCUMENT # N06404 Secretary of State** 1. Entity Name CAPISTRANO CONDOMINIUM OWNERS' ASSOCIATION, INC. 02-04-2002 90259 015 ****61.25 Principal Place of Business Mailing Address C/O DUNE ALLEN REALTY 8682 E. COUNTY HWY, 30A PANAMA CITY BEACH FL 32413 5200 W CO. HWY 30-A SANTA ROSA BEACH FL 32459 us 2. Principal Place of Business 3. Mailing Address 5399 F. HWY C-30 A Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE PMB 273 City & State City & State 4. FEI Number Applied For 59-3227980 EAGROVE SEACH Not Applicable Zip Country Zip \$8.75 Additional US A 5. Certificate of Status Desired 3245**9** 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent SUTCLIFFE Street Address (P.O. Box Number is Not Acceptable) MORR, CLAUDIA A 550 SEABREEZE CIRCLE PANAMA CITY FL 32413 Zip Code **324** (3 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 9. Election Campaign Financing \$5.00 May Be Make Check Payable to FILE NOW: FEE IS \$61.25 Trust Fund Contribution. **Department of State** Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. (9/01)SEC/TREASURE **☑** Delete TITLE TITLE ☐ Change KEN BRYANT 11045 LINBROOK LN. NAME HIGGINS, SHARON NAME CR2E037 STREET ADDRESS STREET ADDRESS 8700 E HWY C 30-A DULLITH, GA CITY-ST-ZIP CITY-ST-ZIP 30097 PANAMA CITY FL 32413 TITLE Delete DEAN WAGNER NAME WALCUTT, JIM 945 CHARTERHOUSE CT. STREET ADDRESS STREET ADDRESS 1115 W 125TH DR WESTERVILLE, O. 43081 CITY-ST-ZIP CITY-ST-ZIP **DENVER CO 80234** TIT! F PD Delete . TITLE BELLEGATE -BARBARA SOMORUP 3162 ST #023 GUNTAY CLUB PKWY NAME HARPER, JOHN NAME STREET ADDRESS STREET ADDRESS 1110 LAUREL AVE CITY-ST-ZIP DULUTH GA 3009 CITY-ST-ZIP DOTHAN AL 36301 30097 TITLE ☐ Delete GREG GARLISH SUTCLIFFE, TODD NAME NAME 1115 WESTMORELAND RO STREET ADDRESS STREET ADDRESS 8682 E HWY C 30-A CITY-ST-ZIP ALEXANDRIA VA 22308 CITY-ST-ZIP PANAMA CITY BEACH FL 32413 **™**Change ☐ Delete TITLE DIRECTOR Addition TITLE JUHN HARPER NAME NAME 1110 LAUREL AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CiTY-ST-ZIP DOTHAN AL 36301 ☐ Delete □ Change TITI F TITI F ☐ Addition NAME NAME STREET ADDRÉSS STREET ADDRESS

changed, or on an attachment with an address, with all other like empowered. SIGNATURE: 1000

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

CITY-ST-ZIP