


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 27, 2008 8:00 am
Secretary of State

03-27-2008 90038 026 ****61.25

DOCUMENT # N07083			
1. Entity Name CAPITOL SQUARE HOMEOWNERS ASSOCIATION, INC.			
Principal Place of Business 42 CAPITOL COURT 42 CAPITOL CT DEERFIELD BEACH, FL 33442 US		Mailing Address 42 CAPITOL COURT DEERFIELD BCH, FL 33442 US	
2. Principal Place of Business - No P.O. Box # 42 Capitol Court		3. Mailing Address 42 Capitol Court	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Deerfield Beach, FL		City & State Deerfield Beach, FL	
Zip 33442	Country US	Zip 33442	Country US
6. Name and Address of Current Registered Agent CALARCO, JAMES 16 CAPITOL COURT DEERFIELD BEACH, FL 33442		7. Name and Address of New Registered Agent Name Marcia Lamarque Street Address (P.O. Box Number is Not Acceptable) 24 Capitol Court City Deerfield Beach FL Zip Code 33442	
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 <i>Marcia Lamarque</i>		Marcia Lamarque, President March 13, 2008	
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP STRUM, SANDY 6 CAPITOL COURT DEERFIELD BEACH, FL 33442 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MEGDANIS, LORRAINE 3 INDEPENDENCE CT. DEERFIELD BEACH, FL 33442 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DICESAR, RICK 42 CAPITOL COURT DEERFIELD BEACH, FL 33442 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LAMARQUE, MARSHA 24 CAPITOL CRT DEERFIELD BEACH, FL 33442 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Lamarque, Marcia (spelling correction) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CALARCO, JAMES 16 CAPITOL CRT DEERFIELD BEACH, FL 33442 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MELONE, MARY 13 CAPITOL CT DEERFIELD BEACH, FL 33442 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DELETED <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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03132008 Chg-NP CR2E037 (12/06)

4. FEI Number
59-2501046

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

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: *Marcia Lamarque* Marcia Lamarque, President (954) 254-5082