


**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**Mar 04, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # N28166**  
1. Entity Name  
**CAPISTRANO TOWNHOMES CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business      Mailing Address  
**CAPISTRANO TOWNHOUSES**      **CAPISTRANO TOWNHOUSES**  
**905 SE 12 CT #12**                      **905 SE 12 CT #12**  
**FT. LAUDERDALE FL 33316**           **FT. LAUDERDALE FL 33316**  
US

2. Principal Place of Business      3. Mailing Address  
Suite, Apt. #, etc.                      Suite, Apt. #, etc.

City & State                                  City & State

Zip      Country                                  Zip      Country



1st MOORE      CR2E037 (10/04)

4. FEI Number      Applied For  
**65-0077315**      Not Applicable

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

**6. Name and Address of Current Registered Agent**  
**STURM, RICHARD**  
**905 SE 12 CT #10**  
**FORT LAUDERDALE FL 33316**

**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. I am familiar with, and accept the obligations of registered agent. *N/A*

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2005**

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

**Make Check Payable to Florida Department of State**

**10. OFFICERS AND DIRECTORS**

TITLE	P	<input type="checkbox"/> Delete
NAME	STERN, JUDITH	
STREET ADDRESS	905 SE 12 CT #12	
CITY-ST-ZIP	FT. LAUDERDALE FL 33316	
TITLE	VPS	<input type="checkbox"/> Delete
NAME	STURM, RICHARD	
STREET ADDRESS	905 SE 12 CT #10	
CITY-ST-ZIP	FT. LAUDERDALE FL 33316	
TITLE	PD	<input type="checkbox"/> Delete
NAME	STERN, JUDITH	
STREET ADDRESS	905 SE 12 CT #12	
CITY-ST-ZIP	FT. LAUDERDALE FL 33316	
TITLE	VPSD	<input type="checkbox"/> Delete
NAME	STURM, RICHARD	
STREET ADDRESS	905 SE 12 CT #10	
CITY-ST-ZIP	FORT LAUDERDALE FL 33316	
TITLE	TD	<input type="checkbox"/> Delete
NAME	MILLER, CHRISTOPHER	
STREET ADDRESS	905 SE 12 CT #1	
CITY-ST-ZIP	FORT LAUDERDALE FL 33316	
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	U00000251645	
CITY-ST-ZIP	03/04/05-80059-018 61.25	
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:** *Judith Stern President*      *3/2/05*      *954-524-3434*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #