


2006 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # N28166		
1. Entity Name CAPISTRANO TOWNHOMES CONDOMINIUM ASSOCIATION, INC.		
Principal Place of Business CAPISTRANO TOWNHOMES 905 SE 12 CT #11 FT. LAUDERDALE, FL 33316		Mailing Address CAPISTRANO TOWNHOMES 905 SE 12 CT #11 FT. LAUDERDALE, FL 33316 US

FILED

06 OCT 18 AM 9:17

CLERK OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business Capistrano Townhomes		3. Mailing Address Capistrano Townhomes	
Suite, Apt. #, etc. 905 S.E. 12th Court, #11		Suite, Apt. #, etc. 905 S.E. 12th Court, #11	
City & State Ft. Lauderdale, FL		City & State Ft. Lauderdale, FL	
Zip 33316	Country USA	Zip 33316	Country USA

10062006 Chg-NP CR2E037 (4/06)

4. FEI Number
65-0077315

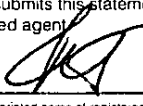
Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent BRODEUR, STEVE 905 SE 12 CT #11 FORT LAUDERDALE, FL 33316		7. Name and Address of New Registered Agent Name ROBERT C. MARTIN, ESQ. Street Address (P.O. Box Number is Not Acceptable) 319 S.E. 14th Street City Ft. Lauderdale FL Zip Code 33316	
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7. Name and Address of New Registered Agent Name ROBERT C. MARTIN, ESQ. Street Address (P.O. Box Number is Not Acceptable) 319 S.E. 14th Street City Ft. Lauderdale FL Zip Code 33316	
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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.

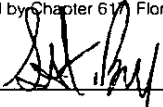
SIGNATURE  DATE **10/13/06**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Amended AR is \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BRODEUR, STEVE 905 SE 12TH CT #11 FT. LAUDERDALE, FL 33316 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BRODEUR, STEVE 905 SE 12TH CT #11 FT. LAUDERDALE, FL 33316 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S STERN, JUDY 905 SE 12TH CT #12 FT. LAUDERDALE, FL 33316 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Sandra Cuccia 905 S.E. 12th Court, #14 Ft. Lauderdale, FL 33316 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SCHECHTER, RICHARD 905 SE 12TH CT #1 FORT LAUDERDALE, FL 33316 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 619, 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: Steve Brodeur, President  **10-10-06** **9548955578**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

xc 10/24