

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N28166

FILED  
Apr 20, 2009  
Secretary of State

Entity Name: CAPISTRANO TOWNHOMES CONDOMINIUM ASSOCIATION, INC.

## Current Principal Place of Business:

CAPISTRANO TOWNHOMES  
905 SE 12 CT #11  
FT. LAUDERDALE, FL 33316

## New Principal Place of Business:

CAPISTRANO TOWNHOMES  
905 SE 12 CT #19  
FT. LAUDERDALE, FL 33316

## Current Mailing Address:

CAPISTRANO TOWNHOUSES  
905 SE 12 CT #11  
FT. LAUDERDALE, FL 33316 US

## New Mailing Address:

CAPISTRANO TOWNHOMES  
905 SE 12 CT #19  
FT. LAUDERDALE, FL 33316

FEI Number: 65-0077315

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MARTIN, ROBERT C ESQ  
319 SE 14TH STREET  
FORT LAUDERDALE, FL 33316 US

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: BRODEUR, STEVE  
Address: 905 SE 12TH CT #11  
City-St-Zip: FT. LAUDERDALE, FL 33316

Title: VP ( ) Delete  
Name: BRODEUR, STEVE  
Address: 905 SE 12TH CT #11  
City-St-Zip: FT. LAUDERDALE, FL 33316

Title: S ( ) Delete  
Name: CUCCIA, SANDRA  
Address: 905 SE 12TH COURT #14  
City-St-Zip: FT. LAUDERDALE, FL 33316

Title: T ( ) Delete  
Name: ROBERTSON, TAUSHA  
Address: 905 SE 12TH CT #13  
City-St-Zip: FORT LAUDERDALE, FL 33316

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: S (X) Change ( ) Addition  
Name: KRAKOWER, BARBARA  
Address: 905 SE 12TH COURT #1  
City-St-Zip: FT. LAUDERDALE, FL 33316

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TAUSHA ROBERTSON

T

04/20/2009

Electronic Signature of Signing Officer or Director

Date