NONPROFIT CORPORATION ANNUAL REPORT **1996**	FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	*Amended* **FILED** 96 OCT 21 AM 9:42 SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # Nq4000003489

1. Corporation Name

Capistrano Homes Homeowners Association, Inc.

Principal Place of Business	Mailing Address
4925 S.W. 75 Avenue, Miami, FL 33155	

		3. Date Incorporated or Qualified 07/14/1994	3a. Date of Last Report 05/01/96

2. Principal Place of Business	2a. Mailing Address	4. FEI Number 65-0583770	☐ Applied For ☐ Not Applicable
21 3011 S.W. 115 Avenue	26 3011 S.W. 115 Avenue		
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	5. Certificate of Status Desired ☒	**$8.75** Additional Fee Required
23 City & State Miami, FL	28 City & State Miami, FL	6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees
24 Zip 33165	25 Country USA	29 Zip 33165	30 Country USA	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
Rene Robayna 4295 S.W. 75 Avenue Miami, FL 33155	81 Name Juan C. Naranjo 82 Street Address (P.O. Box Number is Not Acceptable) 3011 S.W. 115 Avenue 83 84 City Miami FL 85 Zip Code 33165

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of Section 617.0503, Florida Statutes.

SIGNATURE _____ JUAN C. NARANJO, President   08/27/96

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE Director NAME Rene Robayna STREET ADDRESS 4925 S.W. 75 Avenue CITY-ST-ZIP Miami, Florida 33155	☒ DELETE	1.1 TITLE President/Director 1.2 NAME Juan C. Naranjo 1.3 STREET ADDRESS 3011 S.W. 115 Avenue 1.4 CITY-ST-ZIP Miami, FL 33165	☐ Change ☒ Addition
TITLE Director NAME Osvaldo Gonzalez STREET ADDRESS 1210 S.W. 74 Court CITY-ST-ZIP Miami, FL 33144	☒ DELETE	2.1 TITLE Vice-President/Secretary 2.2 NAME Smith A. Dawson, III /Director 2.3 STREET ADDRESS 3029 S.W. 115 Avenue 2.4 CITY-ST-ZIP Miami, FL 33165	☐ Change ☒ Addition
TITLE Director NAME Maria L. Alo STREET ADDRESS 9540 S.W. 80 Avenue CITY-ST-ZIP Miami, FL 33156	☒ DELETE	3.1 TITLE Treasurer/Director 3.2 NAME 3.3 STREET ADDRESS Ivan Ceballos 3017 S.W. 115 Avenue 3.4 CITY-ST-ZIP Miami, FL 33165	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ JUAN C. NARANJO, President   8/21/96   (305)223-5000

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

CR2E037 (3/96)