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NONPROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
 Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **N94000003489**

1. Corporation Name
CAPISTRANO HOMES HOMEOWNERS ASSOCIATION, INC.

541049 - 90305 - 17

Principal Place of Business
 3011 S.W. 115 AVENUE
 MIAMI FL 33185

Mailing Address
 3011 S.W. 115 AVENUE
 MIAMI FL 33185



2. Principal Place of Business 21 3017 SW 115th AVE Suite, Apt. #, etc.	2a. Mailing Address 2a 3017 SW 115th AVE Suite, Apt. #, etc.	3. Date Incorporated or Qualified 07/14/1994
22 City & State 23 MIAMI, FL	27 City & State 28 MIAMI, FL	4. FEI Number 65-0583770 Applied For Not Applicable
24 Zip 33165	25 Country	29 Zip 33165
26 Country	30 Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
9. Name and Address of Current Registered Agent NARANJO, JUAN C 3011 S.W. 115TH AVENUE MIAMI FL 33185		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
		10. Name and Address of New Registered Agent

81 Name DAWSON, SMITH A. III
82 Street Address (P.O. Box Number is Not Acceptable) 3029 SW 115th AVE
83
84 City MIAMI FL 85 Zip Code 33165

11. Pursuant to the provisions of Sections 617.0507 and 617.1505, 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 understand the provisions of Section 617.0503, Florida Statutes.

SIGNATURE: *[Signature]* DATE: _____

Signature typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when releasing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PO	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME NARANJO, JUAN C		1.2 NAME	
STREET ADDRESS 3011 S.W. 115 AVENUE		1.3 STREET ADDRESS	
CITY-ST-ZIP MIAMI FL 33185		1.4 CITY-ST-ZIP	
TITLE VPSO	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME DAWSON, SMITH A III		2.2 NAME	
STREET ADDRESS 3029 SW 115 AVENUE		2.3 STREET ADDRESS	
CITY-ST-ZIP MIAMI FL 33185		2.4 CITY-ST-ZIP	
TITLE TD	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME CEBALLOS, NAN		3.2 NAME	
STREET ADDRESS 3017 SW 115 AVENUE		3.3 STREET ADDRESS	
CITY-ST-ZIP MIAMI FL 33185		3.4 CITY-ST-ZIP	
TITLE PRESIDENT	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME MARGARITA MASFORROL		4.2 NAME	
STREET ADDRESS 3011 SW 115 AVE		4.3 STREET ADDRESS	
CITY-ST-ZIP MIAMI, FL 33165		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E037 (1/199)

14. 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 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, with all other like empowered.

SIGNATURE: *[Signature]* **REYNAR CEBALLOS** 2/8/99 (305) 982-5139

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