

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # N98000000707

1. Entity Name
CAPITAL COMMONS LOTOWNERS ASSOCIATION INC.



Principal Place of Business
2540 CAPITAL MEDICAL BLVD.
TALLAHASSEE, FL 32308

Mailing Address
2540 CAPITAL MEDICAL BLVD.
TALLAHASSEE, FL 32308

FILED

05 APR 25 PM 3:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



04252005 No Chg-NP CR2E037 (10/03)

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4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

STOUTAMIRE, BARBARA
2540 CAPITAL MEDICAL BLVD.
TALLAHASSEE, FL 32308

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
STD
STOUTAMIRE, BARBARA
2540 CAPITAL MEDICAL BLVD.
TALLAHASSEE, FL 32308

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
P
SMITH, J LAYNE
1911 CAPITAL CIRCLE NE
TALLAHASSEE, FL 32308

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
KOTZ, EDWARD A JR
1913 CAPITAL CIRCLE N.E
TALLAHASSEE, FL 32308

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

100054014341
05/06/05--01064--022 **61.25

**DO NOT WRITE
IN THIS SPACE**

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: Barbara Stoutamire
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/05 942-2255
Date Daytime Phone #

T. Roberts APR 26 2005