

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

APPROVED  
AND  
FILED

DOCUMENT # N98000000707

1. Entity Name  
CAPITAL COMMONS LOTOWNERS ASSOCIATION INC.



06 APR 27 AM 8:21

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

2540 CAPITAL MEDICAL BLVD.  
TALLAHASSEE, FL 32308

Mailing Address

2540 CAPITAL MEDICAL BLVD.  
TALLAHASSEE, FL 32308

1911 Capital Circle N.E



04132006 No Chg-NP

CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

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 WARD, Ted  
2540 CAPITAL MEDICAL BLVD. 8788 Cabin Hill Rd.  
TALLAHASSEE, FL 32308 32311

**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

4/24/06

**Filing Fee is \$61.25  
Due by May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	STD
NAME	STOUTAMIRE, BARBARA
STREET ADDRESS	2540 CAPITAL MEDICAL BLVD.
CITY-ST-ZIP	TALLAHASSEE, FL 32308
TITLE	P
NAME	WARD, Ted
STREET ADDRESS	8788 Cabin Hill Rd.
CITY-ST-ZIP	TALLAHASSEE, FL 32308 32311
TITLE	D
NAME	KOTZ, EDWARD A JR
STREET ADDRESS	1913 CAPITAL CIRCLE N.E
CITY-ST-ZIP	TALLAHASSEE, FL 32308
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

900073988389  
05/04/06--01019--022 \*\*\$1.25

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IN THIS SPACE**

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11/22/06