

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N00000006714

**Entity Name:** CAPISTRANO AT GREY OAKS HOMEOWNERS ASSOCIATION, INC.

**FILED**  
**Apr 16, 2016**  
**Secretary of State**  
**CC9331288202**

**Current Principal Place of Business:**

2675 S. HORSESHOE DR. #401  
NAPLES, FL 34104

**Current Mailing Address:**

P.O. BOX 110339  
NAPLES, FL 34108

**FEI Number: 02-0622534**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

KUETER, BEVERLY  
2675 S. HORSESHOE DR. #401  
NAPLES, FL 34104 US

*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

**Officer/Director Detail :**

Title DP  
Name TARANTINO, RONALD  
Address 2805 CAPISTRANO WAY  
City-State-Zip: NAPLES FL 34105

Title DVP  
Name GOLDIN, RALPH  
Address 2813 CAPISTRANO WAY  
City-State-Zip: NAPLES FL 34105

Title DST  
Name NICHOLAS, ANTHONY  
Address 2829 CAPISTRANO  
City-State-Zip: NAPLES FL 34105

I hereby 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 all other like empowered.

**SIGNATURE: RONALD TARANTINO**

**PRESIDENT**

**04/16/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date