

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N13000002227

**Entity Name:** CAPISTARA HOMEOWNERS ASSOCIATION, INC.

**FILED**  
**Feb 21, 2020**  
**Secretary of State**  
**7814078102CC**

**Current Principal Place of Business:**

3900 WOODLAKE BLVD  
SUITE 309  
LAKE WORTH, FL 33463

**Current Mailing Address:**

3900 WOODLAKE BLVD  
SUITE 309  
LAKE WORTH, FL 33463 US

**FEI Number: 90-0950589**

**Certificate of Status Desired: No**

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

BACKER ABOUD POLIAKOFF & FOELSTER  
400 S. DIXIE HIGHWAY  
SUITE 420  
BOCA RATON, FL 33432 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: KEITH F. BACKER**

**02/21/2020**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            ENGIMANN, JAMES DONALD  
Address        3900 WOODLAKE BLVD  
                 SUITE 309  
City-State-Zip: LAKE WORTH FL 33463

Title            VP  
Name            VERSAGGI, VIRGIL THOMAS  
Address        3900 WOODLAKE BLVD  
                 SUITE 309  
City-State-Zip: LAKE WORTH FL 33463

Title            DIRECTOR  
Name            DEGENNARO, ROBERT EDWARD  
Address        3900 WOODLAKE BLVD  
                 SUITE 309  
City-State-Zip: LAKE WORTH FL 33463

Title            SECRETARY  
Name            SHOCK, WILLIAM  
Address        3900 WOODLAKE BLVD.  
                 SUITE 309  
City-State-Zip: LAKE WORTH FL 33463

Title            TREASURER  
Name            KNOWLES, CRAIG  
Address        3900 WOODLAKE BLVD.  
                 SUITE 309  
City-State-Zip: LAKE WORTH FL 33463

*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: JAMES ENGIMANN**

**PRES**

**02/21/2020**

Electronic Signature of Signing Officer/Director Detail

Date