

**2022 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# N13000002227

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

**FILED**  
**Apr 12, 2022**  
**Secretary of State**  
**7270817710CC**

**Current Principal Place of Business:**

C/O SOLEIL PROPERTY MANAGEMENT  
PO BOX 212964  
ROYAL PALM BEACH, FL 33421

**Current Mailing Address:**

C/O SOLEIL PROPERTY MANAGEMENT  
PO BOX 212964  
ROYAL PALM BEACH, FL 33421 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**

**04/12/2022**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title VP  
Name COLLURA, YESENIA  
Address C/O SOLEIL PROPERTY  
MANAGEMENT  
PO BOX 212964  
City-State-Zip: ROYAL PALM BEACH FL 33421

Title SECRETARY  
Name DEGENNARO, ROBERT EDWARD  
Address C/O SOLEIL PROPERTY  
MANAGEMENT  
PO BOX 212964  
City-State-Zip: ROYAL PALM BEACH FL 33421

Title PRESIDENT  
Name SHOCK, WILLIAM  
Address C/O SOLEIL PROPERTY  
MANAGEMENT  
PO BOX 212964  
City-State-Zip: ROYAL PALM BEACH FL 33421

Title TREASURER  
Name KNOWLES, CRAIG  
Address C/O SOLEIL PROPERTY  
MANAGEMENT  
PO BOX 212964  
City-State-Zip: ROYAL PALM BEACH FL 33421

*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: WILLIAM SHOCK**

**PRESIDENT**

**04/12/2022**

Electronic Signature of Signing Officer/Director Detail

Date