



Secretary of State
Statement of Information
(California Nonprofit, Credit Union and
General Cooperative Corporations)

SI-100

FILED
Secretary of State
State of California

NOV 21 2016

IMPORTANT — Read instructions before completing this form.

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Filing Fee — \$20.00;

Copy Fees — First page \$1.00; each attachment page \$0.50;
Certification Fee — \$5.00 plus copy fees

1. Corporation Name (Enter the exact name of the corporation as it is currently recorded with the
California Secretary of State)

CAPISTRANO CONNECTIONS ACADEMY

This Space For Office Use Only

2. 7-Digit Secretary of State File Number

C2584202

3. Business Addresses

a. Street Address of California Principal Office, if any - Do not list a P.O. Box	City (no abbreviations)	State CA	Zip Code
b. Mailing Address of Corporation, if different than item 3a 33272 VALLE RD	CITY (no abbreviations) SAN JUAN CAPISTRANO	State CA	Zip Code 92675

4. Officers

The Corporation is required to list all three of the officers set forth below. An additional title for Chief Executive Officer or Chief Financial Officer may be added; however, the preprinted titles on this form must not be altered.

a. Chief Executive Officer/ ELAINE	First Name	Middle Name	Last Name PAVLICH	Suffix
Address 23091 ARDEN STREET	City (no abbreviations) LAKE FOREST		State CA	Zip Code 92630
b. Secretary JOSEPH	First Name	Middle Name	Last Name RUIZ	Suffix
Address 34315 SHORE LANTERN	City (no abbreviations) DANA POINT		State CA	Zip Code 92629
c. Chief Financial Officer/ MIKE	First Name	Middle Name	Last Name HENJUM	Suffix
Address 32946 CALLE SAN MARCOS	City (no abbreviations) SAN JUAN CAPISTRANO		State CA	Zip Code 92675

5. Agent for Service of Process

Item 5a and 5b: If the agent is an individual, the agent must reside in California and Item 5a and 5b must be completed with the agent's name and California address. Item 5c: If the agent is a California Registered Corporate Agent, a current agent registration certificate must be on file with the California Secretary of State and Item 5c must be completed (leave Item 5a-5b blank).

a. California Agent's First Name (if agent is not a corporation)	Middle Name	Last Name	Suffix
b. Street Address (if agent is not a corporation) - Do not list a P.O. Box	City (no abbreviations)		State CA Zip Code
c. California Registered Corporate Agent's Name (if agent is a corporation) — Do not complete item 5a or 5b CORPORATION SERVICE COMPANY WHICH WILL DO BUSINESS IN CALIFORNIA AS CSC - LAWYERS INCORPORATING SERVICE			

6. Common Interest Developments

Check here if the corporation is an association formed to manage a common interest development under the Davis-Sterling Common Interest Development Act (California Civil Code section 4000, et seq.) or under the Commercial and Industrial Common Interest Development Act (California Civil Code section 6500, et seq.). The corporation must file a Statement by Common Interest Development Association (Form SI-CID) as required by California Civil Code sections 5405(a) and 6760(a). See instructions.

7. The Information contained herein, including in any attachments, is true and correct.

11//9/2016

TARA BURNS

AUTHORIZED REPRESENTATIVE

Tara Burns

Date

Type or Print Name of Person Completing the Form

Title

Signature