

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morlham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **723616 (9)**
1. Corporation Name
CAMINO COURT CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business Mailing Address
8000 S. W. 81ST DRIVE MIAMI FL 33143-6651 **8000 S. W. 81ST DRIVE MIAMI FL 33143-6651**

3. Date Incorporated or Qualified **06/08/1972** 3a. Date of Last Report **03/15/1995**

21	2. Principal Place of Business	2a	Mailing Address	4.	FEI Number 59-1449783	Applied For	
22	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	5.	Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
23	City & State	27	City & State	6.	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Zip	28	Zip	8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/>	Yes <input type="checkbox"/> No
25	Country	29	Country				
30							

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ARTEAGA, CARLOS
SPM GROUP INC
299 ALHAMBRA CIRCLE, SUITE 207
CORAL GABLES FL 33134**

81	Name	ORTEGA, JOSE A.
82	Street Address (P.O. Box Number is Not Acceptable);	YOYA LAND CORPORATION
83		704 SW 17TH AVENUE, SUITE 1
84	City	MIAMI
85	State	FL
	Zip Code	33135

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

[Signature]
3/19/96
DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DS	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CRESWICK, JEANETTE G.	1.2 NAME	
STREET ADDRESS	8000 SW 81ST DRIVE #308	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 00000	1.4 CITY-ST-ZIP	
TITLE	TD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FLORA, ALICIA	2.2 NAME	
STREET ADDRESS	8000 S.W. 81ST DR. #301	2.3 STREET ADDRESS	TD EWING, BRUCE
CITY-ST-ZIP	MIAMI, FL 00000	2.4 CITY-ST-ZIP	8058 SW 80TH AVENUE D-3 MIAMI, FLORIDA 33143
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAY, GERALD	3.2 NAME	
STREET ADDRESS	8060 CAMINO COURT	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAMSON, BETTY	4.2 NAME	
STREET ADDRESS	8000 SW 81ST DR #103	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 00000	4.4 CITY-ST-ZIP	
TITLE	VP	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOLYARD, MATT	5.2 NAME	
STREET ADDRESS	8086 CAMINO CT	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 00000	5.4 CITY-ST-ZIP	
TITLE	PD	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCCAFFREY, JAMES	6.2 NAME	
STREET ADDRESS	8068 S.W. 80TH AVE.	6.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 00000	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/24/96

Date

305-643-2700

Telephone Phone #

[Signature] 3-22-96

CR2E037 (12/95)