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Apr 11 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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 33143-6628

3. Date Incorporated or Qualified 06/08/1972
3a. Date of Last Report 03/22/1996
4. FEI Number 59-1449783
Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt #, etc. 26 Suite, Apt #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent
ORTEGA, JOSE A
704 SW 17 AVE
SUITE 1
MIAMI FL 33135

10. Name and Address of New Registered Agent
81 Name Dart Mgmt. & Realty Corp.
82 Street Address (P.O. Box Numbers Not Acceptable) 10400 SW 77 Avenue
83
84 City Miami FL 85 Zip Code 33156

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 *Jim McCaffrey* Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 2/1/97

12. OFFICERS AND DIRECTORS

TITLE	DS	<input type="checkbox"/> DELETE
NAME	CRESWICK, JEANETTE G.	
STREET ADDRESS	8000 SW 81ST DRIVE #308	
CITY-ST-ZIP	MIAMI, FL 00000	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	EWING, BRUCE	
STREET ADDRESS	8058 SW 80 AVE D-3	
CITY-ST-ZIP	MIAMI FL 33143	
TITLE	B	<input type="checkbox"/> DELETE
NAME	DAY, GERALD	
STREET ADDRESS	8060 CAMINO COURT	
CITY-ST-ZIP	MIAMI FL	
TITLE	B	<input type="checkbox"/> DELETE
NAME	WILLIAMSON, BETTY	
STREET ADDRESS	8000 SW 81ST DR #103	
CITY-ST-ZIP	MIAMI, FL 00000	
TITLE	President	<input type="checkbox"/> DELETE
NAME	BOLYARD, MATT	
STREET ADDRESS	8086 CAMINO CT	
CITY-ST-ZIP	MIAMI, FL 00000	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	MCCAFFREY, JAMES	
STREET ADDRESS	8068 S.W. 80TH AVE.	
CITY-ST-ZIP	MIAMI, FL 00000	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Beeman, Michael	
1.3 STREET ADDRESS	1024 Almeria AV	
1.4 CITY-ST-ZIP	Coral Gables, FL 33134	
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Smith, Don	
2.3 STREET ADDRESS	8074 SW 80 AV	
2.4 CITY-ST-ZIP	Miami FL 33143	
3.1 TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Day, Gerald	
3.3 STREET ADDRESS	8060 Camino CT	
3.4 CITY-ST-ZIP	Miami, FL 33143	
4.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Williamson, Betty	
4.3 STREET ADDRESS	8000 SW 81 DR, #103	
4.4 CITY-ST-ZIP	Miami FL 33143	
5.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Bolyard, Matt	
5.3 STREET ADDRESS	8086 Camino CT	
5.4 CITY-ST-ZIP	Miami FL 33143	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Mat J. Bolyard, President* Date 2-8-97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/96)