

**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 23, 2007 8:00 am**  
**Secretary of State**

04-23-2007 90101 042 \*\*\*\*61.25

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<b>DOCUMENT # 723616</b>					
1. Entity Name CAMINO COURT CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 8000 S. W. 81ST DRIVE MIAMI, FL 33143-6651			Mailing Address 8000 S. W. 81ST DRIVE MIAMI, FL 33143-6651		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		4. FEI Number 59-1449783	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
KUPERMAN, MARC A 7695 SW 104 ST., #210 MIAMI, FL 33156			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL Zip Code		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	DS <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	CRESWICK, JEANETTE G.	NAME			
STREET ADDRESS	8000 SW 81ST DRIVE #308	STREET ADDRESS			
CITY-ST-ZIP	MIAMI, FL 00000,	CITY-ST-ZIP			
TITLE	VP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SCHULTE, JIM * <input checked="" type="checkbox"/> Delete	NAME			
STREET ADDRESS	8072 SW 80 AVE	STREET ADDRESS			
CITY-ST-ZIP	MIAMI, FL 33143	CITY-ST-ZIP			
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	DAY, GERALD	NAME			
STREET ADDRESS	8060 CAMINO COURT	STREET ADDRESS			
CITY-ST-ZIP	MIAMI, FL	CITY-ST-ZIP			
TITLE	TD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	WILLIAMSON, BETTY	NAME			
STREET ADDRESS	8000 SW 81ST DR #103	STREET ADDRESS			
CITY-ST-ZIP	MIAMI, FL 00000,	CITY-ST-ZIP			
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ANNE PEZET, ELIZABETH	NAME	MANNY RIVERO		
STREET ADDRESS	8000 SW 81 DRIVE	STREET ADDRESS	8000 SW 81 DR		
CITY-ST-ZIP	MIAMI, FL 33143	CITY-ST-ZIP	MIAMI, FL 33143		
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>James Schulte, VP *</i>		4/18/07		305-271-1990	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	