

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT

1996



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

DOCUMENT # 725608 (4)

1. Corporation Name

CAMINO CIRCLE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

14050 SW 84 ST
#105
MIAMI FL 33183
US

Mailing Address

14050 SW 84 ST
105
MIAMI FL 33183
US

3. Date Incorporated or Qualified
02/19/1973

3a. Date of Last Report
02/28/1995

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number
59-1450636

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

9. Name and Address of Current Registered Agent

SEIPP, R P
7944 CAMINO CR
MIAMI FL 33143

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

Phil Seipp

(NOTE: Registered Agent signature required when reinstating)

DATE

2/20/96

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME
PD
SAXE, NORMAN
STREET ADDRESS
10725 SW 82 AVE
CITY-ST-ZIP
MIAMI FL

TITLE ☐ DELETE

NAME
VD
GEOGHEGAN, MADDY
STREET ADDRESS
7924 CAMINO CIR
CITY-ST-ZIP
MIAMI FL

TITLE ☐ DELETE

NAME
TD
SEIPP, R P
STREET ADDRESS
7944 CAMINO CIRCLE
CITY-ST-ZIP
MIAMI FL

TITLE ☐ DELETE

NAME
SD
SHAW, BILL
STREET ADDRESS
7945 CAMINO CIR
CITY-ST-ZIP
MIAMI FL

TITLE ☐ DELETE

NAME
D
HAMILTON, BONNIE
STREET ADDRESS
7900 CAMINO CIR #209
CITY-ST-ZIP
MIAMI FL

TITLE ☐ DELETE

NAME
D
Smith, David
STREET ADDRESS
7966 Camino Cir.
CITY-ST-ZIP
Miami, FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

D
Vining, Mike
7900 Camino Cir. #104
Miami, FL

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

2/20/96 305-386-4855
Date Daytime Phone

CR2E037 (12/95)