

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 725608

1. Corporation Name

CAMINO CIRCLE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

14050 SW 84 ST
102
MIAMI FL 33183
US

Mailing Address

14050 SW 84 ST
102
MIAMI FL 33183
US

FILED
Mar 05, 1999 8:00 am
Secretary of State

03-05-1999 90039 018 ****61.25

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2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country

3. Date Incorporated or Qualified

02/19/1973

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

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

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

TITLE D
NAME GEOGHEGAN, MADDY
STREET ADDRESS 7924 CAMINO CIR
CITY-ST-ZIP MIAMI FL ☐ DELETE

TITLE D
NAME SEIPP, R P
STREET ADDRESS 7944 CAMINO CIRCLE
CITY-ST-ZIP MIAMI FL ☐ DELETE

TITLE VD
NAME SHAW, BILL
STREET ADDRESS 7945 CAMINO CIR
CITY-ST-ZIP MIAMI FL ☐ DELETE

TITLE SD
NAME HAMILTON, BONNIE
STREET ADDRESS 7900 CAMINO CIR #209
CITY-ST-ZIP MIAMI FL ☒ DELETE

TITLE TD
NAME SMITH, DAVID
STREET ADDRESS 7966 CAMINO CIR
CITY-ST-ZIP MIAMI FL ☒ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition
1.2 NAME D Vines, Mike
1.3 STREET ADDRESS 7900 Camino Cir
1.4 CITY-ST-ZIP Miami, FL 33143

2.1 TITLE SD ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE TD ☒ 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

14. I 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)