


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 16, 2004 8:00 am
Secretary of State

02-16-2004 90049 021 ****61.25

DOCUMENT # 725608
 1. Entity Name
CAMINO CIRCLE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business: **7900 CAMINO CIRCLE MIAMI FL 33143 US**
 Mailing Address: **P.O. BOX 160392 MIAMI FL 33116-0392 US**



MOORE CR2E037 (11/03)

2. Principal Place of Business: Suite, Apt. #, etc.
 3. Mailing Address: Suite, Apt. #, etc.

City & State: City & State

Zip: Country Zip: Country

4. FEI Number: **59-1450636**
 Applied For: Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**SEIPP, R P
 7944 CAMINO CR
 MIAMI FL 33143**

7. Name and Address of New Registered Agent
 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: _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE: _____

**FILE NOW: FEE IS \$61.25
 Due By May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS	
TITLE: PD NAME: SAXE, NORMAN STREET ADDRESS: 10725 SW 82 AVE CITY-ST-ZIP: MIAMI FL	<input type="checkbox"/> Delete
TITLE: VP NAME: FIGUEREDO, HENRY STREET ADDRESS: 7974 CAMINO CIRCLE CITY-ST-ZIP: MIAMI FL 33143	<input type="checkbox"/> Delete
TITLE: TD NAME: SEIPP, R P STREET ADDRESS: 7944 CAMINO CIRCLE CITY-ST-ZIP: MIAMI FL	<input type="checkbox"/> Delete
TITLE: SD NAME: SHAW, BILL STREET ADDRESS: 7945 CAMINO CIR CITY-ST-ZIP: MIAMI FL	<input type="checkbox"/> Delete
TITLE: D NAME: VINES, MIKE # 104 STREET ADDRESS: 7900 CAMINO CIR CITY-ST-ZIP: MIAMI FL 33143	<input type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: Director NAME: Cleveland, Bill STREET ADDRESS: 7933 Camino Circle Miami, FL 33143 CITY-ST-ZIP: _____	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: Vice-President NAME: Vines, Mike STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 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:  **Secretary** Date: **2-2-04** Daytime Phone #: **305-271-1990**