

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 06, 2005 8:00 am**  
**Secretary of State**

04-06-2005 90106 034 \*\*\*\*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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

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 MARC A. KUPERMAN, ESQ  
Street Address (P.O. Box Number is Not Acceptable)  
7695 SW 104 ST, Ste 210  
City MIAMI, FL Zip Code 33156

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

*Marc A. Kuperman*

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, 2005**

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 ☐ Delete  
STREET ADDRESS 10725 SW 82 AVE  
CITY-ST-ZIP MIAMI FL

TITLE D  
NAME CLEVELAND, EILL ☐ Delete  
STREET ADDRESS 7933 CAMINO CIR  
CITY-ST-ZIP MIAMI FL 33143

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

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

TITLE V  
NAME VINES, MIKE ☐ Delete  
STREET ADDRESS 7900 CAMINO CIR  
CITY-ST-ZIP MIAMI FL 33143

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

*R. Philip Seipp*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/21/05 (305) 277-3847

Date

Daytime Phone #