

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 19, 2007 8:00 am**  
**Secretary of State**

04-19-2007 90200 011 \*\*\*\*61.25

<b>DOCUMENT # 725608</b> 1. Entity Name <b>CAMINO CIRCLE CONDOMINIUM ASSOCIATION, INC.</b>					
Principal Place of Business <b>7900 CAMINO CIRCLE MIAMI, FL 33143 US</b>			Mailing Address <b>P.O. BOX 160392 MIAMI, FL 33116-0392 US</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.  City & State  Zip 		3. Mailing Address  Suite, Apt. #, etc.  City & State  Zip 		<div style="text-align: center;"> </div> <div style="display: flex; justify-content: space-between; font-size: small;"> <span>04102007</span> <span>Chg-NP</span> <span>CR2E037 (12/06)</span> </div> <div style="display: flex; justify-content: space-between; font-size: small;"> <div>             4. FEI Number  <b>59-1450636</b> </div> <div>             Applied For  <input type="checkbox"/> Not Applicable           </div> </div> <div style="display: flex; justify-content: space-between; font-size: small;"> <div>             5. Certificate of Status Desired <input type="checkbox"/> </div> <div> <b>\$8.75</b> Additional Fee Required           </div> </div>	
6. Name and Address of Current Registered Agent <b>RUPPERMAN, MARI A ESQ KUPFERMAN, MARC A</b> <b>7695 SW 104 ST</b> <b>STE 210</b> <b>MIAMI, FL 33156</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
<div style="display: flex; justify-content: space-between;"> <div> <b>Make check payable to</b>  <b>Florida Department of State</b> </div> </div>					
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SEIPP, PHIL 7944 CAMINO CIRCLE MIAMI, FL 33143	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GORMAN, RENE 7932 CAMINO CIRCLE MIAMI, FL 33143	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BREHM, JOHN 7900 CAMINO CIRCLE MIAMI, FL 33143	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SHAW, BILL 7945 CAMINO CIR MIAMI, FL	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>JEFFREY LINGELBACH</b> <b>7900 CAMINO CIRCLE</b> <b>MIAMI FL 33143</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V VINES, MIKE 7900 CAMINO CIR MIAMI, FL 33143	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>BILL CLEGGAN</b> <b>7900 CAMINO CIRCLE</b> <b>MIAMI, FL 33143</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		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 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.					
<b>SIGNATURE:</b> <u><i>Phil Seipp</i></u> <b>President</b> <span style="float: right;">4/16/07 (305) 277-3897</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					