## 2006 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT (AR)**

## Apr 13, 2006 8:00 am Secretary of State **DOCUMENT # 746865** 1. Entity Name 04-13-2006 90304 023 \*\*\*\*61.25 CAMINO REAL VILLAGE ASSOCIATION, INC. Principal Place of Business Mailing Address C/O CAMPBELL PROP. 1215 E. HILLSBORO BLVD. DEERFIELD BEACH FL 33441 C/O CAMPBELL PROP. 1215 E. HILLSBORO BLVD. DEERFIELD BEACH FL 33441 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite Apt. #, etc. 1st MOORE CR2E037 (10/05) Applied For City & State City & State 4. FEI Number 59-2051967 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CAMPBELL PROPERTY MANAGEMENT Street Address (P.O. Box Number is Not Acceptable) 1215 E. HILLSBORO BLVD. DEERFIELD BEACH FL 33441 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 Make Check Payable to 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Florida Department of State Due By May 1, 2006 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11 KAUFMAN SUSANO OF ☐ Change ח Delete TITE Addition GILL, JAN NAME NAME 5750 CAMINO DEL SOL STREET ADDRESS STREET ADDRESS BICO LATA 71 33433 **BOCA RATON FL 33433** CITY-ST-ZIP CITY-ST-ZIP Director SD ☐ Delete TITLE ■ Addition TITLE FIALKOW, JAN NAME NAME STREET ADDRESS 5901 CAMINO DEL DOL #103 STREET ADDRESS **BOCA RATON FL 33433** CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete HILE NAME CORDONE, JO NAME 5851 CAMINO DEL SOL #307 STREET ADDRESS STREET ADDRESS BOCA RATON FL 33433 CITY-ST-ZIP CITY-ST-7IP Delete ☐ Change ☐ Addition TITLE TITLE GAGLIARDI, MICHAEL NAME NAME 5749 CAMINO DEL DOL #400 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **BOCA RATON FL 33433** CITY-ST-ZIP TREASULBR Change ☐ Addition ☐ Delete TITLE TITLE ROSS, PAUL NAME HAME 5701 CAMINO DEL SOL #102 STREET ADDRESS STREET ADDRESS BOCA RATON FL 33433 CITY-ST-ZIP CHY-ST-70 ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

FILED

I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

Josephine Cordone SIGNATURE: