

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 09, 2006 08:00 AM
Secretary of State

DOCUMENT # F98000005818

1. Entity Name
CAMINO HOTEL MANAGEMENT CORPORATION



Principal Place of Business
**1001 E. ATLANTIC AVE
DELRAY BEACH, FL 33483**

Mailing Address
**1001 MARKET ST.
BLDG. ONE, SUITE 300
PORTSMOUTH, NH 03801**



01202006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
58-2454202

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324**

**DO NOT WRITE
IN THIS SPACE**

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 \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**U000000427758
02/21/06-80016-005 150.00**

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	WALSH, MARK
STREET ADDRESS	1001 E. ATLANTIC AVE., SUITE 202
CITY-ST-ZIP	DELRAY BEACH, FL 33483
TITLE	VD
NAME	WALSH, MICHAEL
STREET ADDRESS	1001 E. ATLANTIC AVE., SUITE 202
CITY-ST-ZIP	DELRAY BEACH, FL 33483
TITLE	S
NAME	KEANE, THOMAS
STREET ADDRESS	1000 MARKET ST. BLDG. ONE SUITE 300
CITY-ST-ZIP	PORTSMOUTH, NH 03801
TITLE	V
NAME	ADE, RICHARD C
STREET ADDRESS	1000 MARKET ST. BLDG. ONE SUITE 300
CITY-ST-ZIP	PORTSMOUTH, NH 03801
TITLE	AS
NAME	CRITCHFIELD, RICHARD H
STREET ADDRESS	1001 E. ATLANTIC AVE., SUITE 201
CITY-ST-ZIP	DELRAY BEACH, FL 33483
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 607, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/24/06 (603)559-2100