2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 725608

1. Entity Name

CAMINO CIRCLE CONDOMINIUM ASSOCIATION, INC.

FILED
Mar 01, 2000 8:00 am
Secretary of State

03-01-2000 90051 004 ****61.25

Principal Place of Business	Mailing Address
14050 SW 84 ST 102 MIAMI FL 33183 US	14050 SW 84 ST 102 MIAMI FL 33183-4440 US

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

DO NOT WRITE IN THIS SPACE

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	7. Name and Address of New Registered Agent
SEIPP, R P 7944 CAMINO CR MIAMI FL 33143	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.

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	9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees	Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	SAXE, NORMAN	NAME	
STREET ADDRESS	10725 SW 82 AVE	STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	CITY-ST-ZIP	
TITLE	~~SD~~ ☑ Delete	TITLE	VD ☐ Change ☑ Addition
NAME	~~GEOGHEGAN, MADDY~~	NAME	Mel Underwood
STREET ADDRESS	~~7924 CAMINO CIR~~	STREET ADDRESS	7915 Camino Cir.
CITY-ST-ZIP	~~MIAMI FL~~	CITY-ST-ZIP	Miami, FL 33143
TITLE	TD ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	SEIPP, R P	NAME	
STREET ADDRESS	7944 CAMINO CIRCLE	STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	CITY-ST-ZIP	
TITLE	~~VD~~ ☐ Delete	TITLE	SD ☑ Change ☐ Addition
NAME	SHAW, BILL	NAME	
STREET ADDRESS	7945 CAMINO CIR	STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	CITY-ST-ZIP	
TITLE	D ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	VINES, MIKE	NAME	
STREET ADDRESS	7900 CAMINO CIR	STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33143	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E037 (9/99)

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: SIGNATURE REQUIRED 2/21/00 (305) 274-9021

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #