

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 29, 2006 8:00 am
Secretary of State

03-29-2006 90139 007 ****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**

50006994



03072006 No Chg-NP CR2E037 (11/05)

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

**RUPERMAN, MARI A ESQ
7695 SW 104 ST
STE 210
MIAMI, FL 33156**

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	SAKE, NORMAN PHIL SEIPP
STREET ADDRESS	10726 SW 82 AVE 7944 Camino Circle
CITY-ST-ZIP	MIAMI, FL MIAMI FL 33143
TITLE	D
NAME	CLEVELAND, EHL RENE GORMAN
STREET ADDRESS	7033 CAMINO CIR 7932 Camino Circle
CITY-ST-ZIP	MIAMI, FL 33143 MIAMI FL 33143
TITLE	TD
NAME	SEIPP, RP JOHN BREHM
STREET ADDRESS	7044 CAMINO CIRCLE 7900 Camino Circle
CITY-ST-ZIP	MIAMI, FL MIAMI FL 33143
TITLE	SD
NAME	SHAW, BILL
STREET ADDRESS	7945 CAMINO CIR
CITY-ST-ZIP	MIAMI, FL
TITLE	V
NAME	VINES, MIKE
STREET ADDRESS	7900 CAMINO CIR
CITY-ST-ZIP	MIAMI, FL 33143
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

BILL SHAW

3/8/06

Date

305-271-1990

Daytime Phone #