


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

04-19-2007 90200 011 ****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		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		04102007 Chg-NP CR2E037 (12/06)	
Zip		Country		4. FEI Number 59-1450636	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
RUPERMAN, MARI A ESQ KUPFERMAN, MARC A 7695 SW 104 ST STE 210 MIAMI, FL 33156			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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SEIPP, PHIL		NAME		
STREET ADDRESS	7944 CAMINO CIRCLE		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33143		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GORMAN, RENE		NAME		
STREET ADDRESS	7932 CAMINO CIRCLE		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33143		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BREHM, JOHN		NAME		
STREET ADDRESS	7900 CAMINO CIRCLE		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33143		CITY-ST-ZIP		
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	JEFFREY LINGELBACH	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHAW, BILL		NAME		
STREET ADDRESS	7945 CAMINO CIR		STREET ADDRESS	7900 Camino Circle	
CITY-ST-ZIP	MIAMI, FL		CITY-ST-ZIP	MIAMI FL 33143	
TITLE	V	<input checked="" type="checkbox"/> Delete	TITLE	BILL CLEGGAN	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VINES, MIKE		NAME		
STREET ADDRESS	7900 CAMINO CIR		STREET ADDRESS	7900 Camin Circle	
CITY-ST-ZIP	MIAMI, FL 33143		CITY-ST-ZIP	MIAMI, FL 33143	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: <u>Ph. Seipp</u> President			Date: <u>4/16/07</u> (305) 277-3897		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		