

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 12, 2003 8:00 am
Secretary of State

02-12-2003 90121 036 ****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
~~102~~
MIAMI FL 33116-0392
US**



☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

remove 102

City & State

City & State

4. FEI Number **59-1450636**

Applied For

Not Applicable

Zip

Country

Zip

Country

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. 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 \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$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

☐ Change ☐ Addition

TITLE **PD** ☐ Delete
NAME **SAXE, NORMAN**
STREET ADDRESS **10725 SW 82 AVE**
CITY-ST-ZIP **MIAMI FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VD** ☒ Delete
NAME **UNDERWOOD, MEL**
STREET ADDRESS **7915 CAMINO CIR**
CITY-ST-ZIP **MIAMI FL 33143**

TITLE **VP** ☐ Change ☒ Addition
NAME **Figueroa, Henry**
STREET ADDRESS **7914 Camino Circle**
CITY-ST-ZIP **MIAMI, FL 33143**

TITLE **TD** ☐ Delete
NAME **SEIPP, R P**
STREET ADDRESS **7944 CAMINO CIRCLE**
CITY-ST-ZIP **MIAMI FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **SD** ☐ Delete
NAME **SHAW, BILL**
STREET ADDRESS **7945 CAMINO CIR**
CITY-ST-ZIP **MIAMI FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **VINES, MIKE**
STREET ADDRESS **7900 CAMINO CIR**
CITY-ST-ZIP **MIAMI FL 33143**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 another like empowered.

SIGNATURE:

SIGNATURE: R. P. Seipp, Treas. 2/6/03 (305) 274-3847

Date

Daytime Phone #

CR2E037 (10/02)