

**2021 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# 725608

**Entity Name:** CAMINO CIRCLE CONDOMINIUM ASSOCIATION, INC.

**FILED**  
**Jul 13, 2021**  
**Secretary of State**  
**2653367305CC**

**Current Principal Place of Business:**

7900 CAMINO CIRCLE  
MIAMI, FL 33143

**Current Mailing Address:**

9000 SW 152 ST.  
SUITE 102  
MIAMI, FL 33157 US

**FEI Number: 59-1450636**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

SKRLD, INC.  
201 ALHAMBRA CIRCLE  
11TH FLOOR  
CORAL GABLES, FL 33134 US

*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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title VP  
Name PARDO, PATRICIA  
Address 9000 SW 152 ST.  
SUITE 102  
City-State-Zip: MIAMI FL 33157

Title TREASURER  
Name SEIPP, PHILIP  
Address 9000 SW 152 ST.  
SUITE 102  
City-State-Zip: MIAMI FL 33157

Title PRESIDENT  
Name GAMBERINI, VANESSA  
Address 9000 SW 152 ST.  
SUITE 102  
City-State-Zip: MIAMI FL 33157

Title DIRECTOR  
Name MUNIZ, JESSICA  
Address 9000 SW 152 ST.  
SUITE 102  
City-State-Zip: MIAMI FL 33157

Title DIRECTOR  
Name RIVERO , MANUEL  
Address 9000 SW 152ND ST  
STE 102  
City-State-Zip: PALMETTO BAY FL 33157

Title DIRECTOR  
Name ABRIL, ALEXIS  
Address 9000 SW 152ND ST  
STE 102  
City-State-Zip: PALMETTO BAY FL 33157

Title DIRECTOR  
Name CUE , ANA  
Address 9000 SW 152ND ST  
STE 102  
City-State-Zip: PALMETTO BAY FL 33157

Title DIRECTOR  
Name MARTIN-ROSA, LOURDES  
Address 9000 SW 152ND ST  
STE 102  
City-State-Zip: PALMETTO BAY FL 33157

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*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: VANESSA GAMBERINI**

**PRESIDENT**

**07/13/2021**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title SECRETARY  
Name LLERA, JUAN CARLOS  
Address 9000 SW 152 ST.  
SUITE 102  
City-State-Zip: MIAMI FL 33157