

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 725608

Entity Name: CAMINO CIRCLE CONDOMINIUM ASSOCIATION, INC.**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	PRESIDENT	Title	VP
Name	PARDO, PATRICIA	Name	ZALDIVAR , MICHELLE
Address	9000 SW 152 ST. SUITE 102	Address	9000 SW 152ND ST STE 102
City-State-Zip:	MIAMI FL 33157	City-State-Zip:	PALMETTO BAY FL 33157
Title	SECRETARY	Title	TREASURER
Name	FAJARDO , TERESITA	Name	SEIPP, PHILLIP
Address	9000 SW 152ND ST STE 102	Address	9000 SW 152ND ST STE 102
City-State-Zip:	PALMETTO BAY FL 33157	City-State-Zip:	PALMETTO BAY FL 33157
Title	DIRECTOR	Title	DIRECTOR
Name	CHALBAUD, ALBERTO	Name	LOPEZ, LILA
Address	9000 SW 152ND ST STE 102	Address	9000 SW 152ND ST STE 102
City-State-Zip:	PALMETTO BAY FL 33157	City-State-Zip:	PALMETTO BAY FL 33157
Title	DIRECTOR	Title	DIRECTOR
Name	EVANS , MARK	Name	TRIPPE, ROBERT
Address	9000 SW 152ND ST STE 102	Address	9000 SW 152ND ST STE 102
City-State-Zip:	PALMETTO BAY FL 33157	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: PATRICIA PARDO**PRESIDENT****04/04/2023**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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