

2018 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F98000005818

Entity Name: CAMINO HOTEL MANAGEMENT CORPORATION**Current Principal Place of Business:**1001 E. ATLANTIC AVE
SUITE 202
DELRAY BEACH, FL 33483**Current Mailing Address:**1000 MARKET STREET
BLDG. ONE, SUITE 300
PORTSMOUTH, NH 03801**FEI Number:** 58-2454202**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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	PD
Name	WALSH, MARK
Address	1001 E. ATLANTIC AVE., SUITE 202
City-State-Zip:	DELRAY BEACH FL 33483

Title	VD
Name	WALSH, MICHAEL
Address	1001 E. ATLANTIC AVE., SUITE 202
City-State-Zip:	DELRAY BEACH FL 33483

Title	S
Name	KEANE, THOMAS
Address	1000 MARKET ST. BLDG. ONE SUITE 300
City-State-Zip:	PORTSMOUTH NH 03801

Title	V
Name	ADE, RICHARD C
Address	1000 MARKET ST. BLDG. ONE SUITE 300
City-State-Zip:	PORTSMOUTH NH 03801

Title	AS
Name	CRITCHFIELD, RICHARD H
Address	1001 E. ATLANTIC AVE., SUITE 201
City-State-Zip:	DELRAY BEACH FL 33483

Title	VD
Name	WALSH, WILLIAM
Address	1000 MARKET STREET, SUITE 300
City-State-Zip:	PORTSMOUTH NH 03801

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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: MARK WALSH

PD

02/02/2018

Electronic Signature of Signing Officer/Director Detail_____
Date