

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Munger
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

93 FEB 23 PM 1:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 725608 (4)
1. Corporation Name
CAMINO CIRCLE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business Mailing Address
14050 SW 84 ST #105 MIAMI FL 33183 US
14050 SW 84 ST 105 MIAMI FL 33183 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 02/19/1973 3a. Date of Last Report 03/25/1994
4. FEI Number 59-1450636 Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 109.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent
SEIPP, R P
7944 CAMINO CR
MIAMI FL 33143

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered officer or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.
SIGNATURE *R. Philip Seipp* R. Philip Seipp, Treasurer 2/20/95
DATE

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	SAYE -NORMAN
STREET ADDRESS	10725 SW 82 AVE
CITY- ST- ZIP	MIAMI FL
TITLE	VD
NAME	GEOGHEGAN, MADDY
STREET ADDRESS	7924 CAMINO CIR
CITY- ST- ZIP	MIAMI FL
TITLE	TD
NAME	SEIPP, R P
STREET ADDRESS	7944 CAMINO CIRCLE
CITY- ST- ZIP	MIAMI FL
TITLE	SD
NAME	SHAW, BILL
STREET ADDRESS	7945 CAMINO CIR
CITY- ST- ZIP	MIAMI FL
TITLE	D
NAME	HAMILTON, BONNIE
STREET ADDRESS	7900 CAMINO CIR #209
CITY- ST- ZIP	MIAMI FL
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	SAYE
1.3 STREET ADDRESS	
1.4 CITY- ST- ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY- ST- ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY- ST- ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY- ST- ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY- ST- ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY- ST- ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and that it does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual 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 of the assets of the corporation, and that I am empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears on Block 12 or Block 13 of this report as an attached individual.

SIGNATURE: *[Signature]* FEB 20/95
TITLE: PRESIDENT