

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

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



| | | | | | |
|---|---------------------------|---|---------------|--|---------------------------------------|
| Principal Place of Business 14050 SW 84 ST #105 MIAMI FL 33183 US | | Mailing Address 14050 SW 84 ST 105 MIAMI FL 33183 US | | 3. Date Incorporated or Qualified 02/19/1973 | 3a. Date of Last Report 02/28/1995 |
| 2. Principal Place of Business 21 | 2a. Mailing Address 26 | 4. FEI Number 59-1450636 | | Applied For Not Applicable | |
| Suite, Apt. #, etc. 22 | Suite, Apt. #, etc. 27 | 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| City & State 23 | City & State 28 | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| Zip 24 | Country 25 | Zip 29 | Country 30 | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No | |

| | | | | | |
|--|--|--|--|---|--|
| 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 | |
| | | | | 85 Zip Code | |

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office 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 617.0503, Florida Statutes.

SIGNATURE: *Philip Seipp* DATE: *2/20/96*

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|------------------------------------|---|---|
| TITLE | PD <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SAXE, NORMAN | 1.2 NAME | |
| STREET ADDRESS | 10725 SW 82 AVE | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | MIAMI FL | 1.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE | VD <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | GEOGHEGAN, MADDY | 2.2 NAME | |
| STREET ADDRESS | 7924 CAMINO CIR | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | MIAMI FL | 2.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE | TD <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SEIPP, R P | 3.2 NAME | |
| STREET ADDRESS | 7944 CAMINO CIRCLE | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | MIAMI FL | 3.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE | SD <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SHAW, BILL | 4.2 NAME | |
| STREET ADDRESS | 7945 CAMINO CIR | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | MIAMI FL | 4.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE | D <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | HAMILTON, BONNIE | 5.2 NAME | |
| STREET ADDRESS | 7900 CAMINO CIR #209 | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | MIAMI FL | 5.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE | D <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | <i>Smith, David</i> | 6.2 NAME | |
| STREET ADDRESS | <i>7966 Camino Cir.</i> | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | <i>Miami, FL</i> | 6.4 CITY-ST-ZIP | |
| | | | <i>Vining, Mike</i> |
| | | | <i>7900 Camino Cir. #104</i> |
| | | | <i>Miami, FL</i> |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Ray Adams Manager* DATE: *2/20/96* DAYTIME PHONE: *305-386-4855*

CR2E037 (12/95)