

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 01, 2000 8:00 am
Secretary of State

03-01-2000 90051 004 ****61.25

DOCUMENT # 725608

1. Entity Name

CAMINO CIRCLE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

14050 SW 84 ST
 102
 MIAMI FL 33183
 US

14050 SW 84 ST
 102
 MIAMI FL 33183-4440
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1450636

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SEIPP, R P
 7944 CAMINO CR
 MIAMI FL 33143

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Delete
 NAME **PD SAXE, NORMAN**
 STREET ADDRESS **10725 SW 82 AVE**
 CITY-ST-ZIP **MIAMI FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME ~~**SD GEOGHEGAN, MADDY**~~
 STREET ADDRESS ~~**7024 CAMINO CIR**~~
 CITY-ST-ZIP ~~**MIAMI FL**~~

TITLE Change Addition
 NAME **VP Mel Underwood**
 STREET ADDRESS **7915 Camino Cir.**
 CITY-ST-ZIP **Miami, FL 33143**

TITLE Delete
 NAME **TD SEIPP, R P**
 STREET ADDRESS **7944 CAMINO CIRCLE**
 CITY-ST-ZIP **MIAMI FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **VP SHAW, BILL**
 STREET ADDRESS **7945 CAMINO CIR**
 CITY-ST-ZIP **MIAMI FL**

TITLE Change Addition
 NAME **SD**
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D VINES, MIKE**
 STREET ADDRESS **7900 CAMINO CIR**
 CITY-ST-ZIP **MIAMI FL 33143**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this 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 or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: _____

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/21/00 (325) 274-9021

Date

Daytime Phone #

CR2E037 (9/99)