


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2006 8:00 am
Secretary of State

03-29-2006 90139 007 ****61.25

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1. Entity Name
CAMINO CIRCLE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business Mailing Address

7900 CAMINO CIRCLE P.O. BOX 160392
 MIAMI, FL 33143 US MIAMI, FL 33116-0392 US

50006994



03072006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

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

RUPERMAN, MARI A ESQ
 7695 SW 104 ST
 STE 210
 MIAMI, FL 33156

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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD	<i>PHIL SEIPP</i>
NAME	SAXE, NORMAN	<i>7944 Camino Circle</i>
STREET ADDRESS	<i>10726 SW 82 AVE</i>	<i>Miami FL 33143</i>
CITY-ST-ZIP	MIAMI, FL	
TITLE	D	<i>RENE GORMAN</i>
NAME	CLEVELAND, EHL	<i>7932 Camino Circle</i>
STREET ADDRESS	<i>7033 CAMINO CIR</i>	<i>Miami FL 33143</i>
CITY-ST-ZIP	MIAMI, FL 33143	
TITLE	TD	<i>JOHN BREHM</i>
NAME	SEIPP, RP	<i>7900 Camino Circle</i>
STREET ADDRESS	<i>7044 CAMINO CIRCLE</i>	<i>Miami FL 33143</i>
CITY-ST-ZIP	MIAMI, FL	
TITLE	SD	
NAME	SHAW, BILL	
STREET ADDRESS	7945 CAMINO CIR	
CITY-ST-ZIP	MIAMI, FL	
TITLE	V	
NAME	VINES, MIKE	
STREET ADDRESS	7900 CAMINO CIR	
CITY-ST-ZIP	MIAMI, FL 33143	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  **BILL SHAW** *3/8/06* *305-271-1990*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #