


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 14, 2008 8:00 am
Secretary of State

05-14-2008 90011 040 ****61.25

DOCUMENT # 725608

1. Entity Name
CAMINO CIRCLE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
7900 CAMINO CIRCLE
MIAMI, FL 33143 US

Mailing Address
P.O. BOX 160392
MIAMI, FL 33116-0392 US

2. Principal Place of Business - No P.O. Box #

3. Mailing Address
9000 SW 152 ST

Suite, Apt. #, etc.
102

City & State
MIAMI FL

Zip
33157

Country
USA



01082008 Chg-NP CR2E037 (12/06)

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
KUPERMAN, MARC A
7695 SW 104 ST
STE 210
MIAMI, FL 33156

7. Name and Address of New Registered Agent

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. 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, 2008

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

Make check payable to Florida Department of State

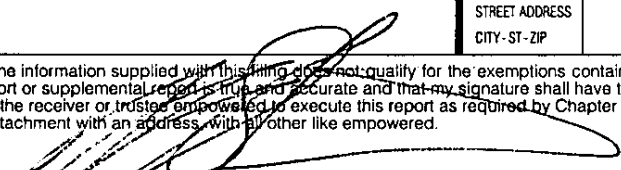
10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	SEIPP, PHIL	
STREET ADDRESS	7944 CAMINO CIRCLE	
CITY-ST-ZIP	MIAMI, FL 33143	
TITLE	D	<input type="checkbox"/> Delete
NAME	GORMAN, RENE	
STREET ADDRESS	7932 CAMINO CIRCLE	
CITY-ST-ZIP	MIAMI, FL 33143	
TITLE	TD	<input type="checkbox"/> Delete
NAME	BREHM, JOHN	
STREET ADDRESS	7900 CAMINO CIRCLE	
CITY-ST-ZIP	MIAMI, FL 33143	
TITLE	SD	<input type="checkbox"/> Delete
NAME	LINGELBACH, JEFFREY	
STREET ADDRESS	7900 CAMINO CIRCLE	
CITY-ST-ZIP	MIAMI, FL 33143	
TITLE	V	<input type="checkbox"/> Delete
NAME	CLEVELAND, BILL	
STREET ADDRESS	7900 CAMINO CIR	
CITY-ST-ZIP	MIAMI, FL 33143	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____