

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 26, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # 732102**

1. Entity Name  
**CAMINO NORTH CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business  
**250 S.W. 7TH ST.  
BOCA RATON, FL 33432-5976**

Mailing Address  
**250 S.W. 7TH ST.  
BOCA RATON, FL 33432-5976**



01262007 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-1660419**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**TWISS, CECELIA M  
220 S.W. 7TH STREET  
UNIT #7X  
BOCA RATON, FL 33432**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

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

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BAUER, GILDA 250 SW 7 ST #15 BOCA RATON, FL 33432
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD TWISS, CECELIA M 220 S.W. 7TH STREET #7 BOCA RATON, FL 33432
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RETAMAR, RICK 345 NE OLIVE WAY BOCA RATON, FL 33432
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP TWISS, JAMES F 220 S.W. 7TH STREET #7 BOCA RATON, FL 33432
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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04/03/07-80068-004 61.25

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IN THIS SPACE**

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:** Cecelia M. Twiss - Cecelia M. Twiss 1/26/07 561-297-3600  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #