

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2008 8:00 am
Secretary of State

04-04-2008 90027 005 ****61.25

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|--|---------------------|---|---|--|-----------------------------------|
| 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 | |
| 2. Principal Place of Business - No P.O. Box # <i>C/O Residential Management</i> Suite, Apt. #, etc. <i>P.O. Box 97-0069</i> City & State <i>Boca Raton FL</i> Zip <i>33497-0069</i> | | 3. Mailing Address <i>C/O Residential Management</i> Suite, Apt. #, etc. <i>P.O. Box 97-0069</i> City & State <i>Boca Raton FL</i> Zip <i>33497-0069</i> | | 03192008 Chg-NP CR2E037 (12/06) | |
| 4. FEI Number 59-1660419 | | Applied For <input type="checkbox"/> Not Applicable | | | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | \$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 | | | 7. Name and Address of New Registered Agent Name <i>Gary Palombi</i> Street Address (P.O. Box Number is Not Acceptable) <i>778 South Military Trail</i> City <i>Deerfield Beach</i> FL Zip Code <i>33442</i> | | |
| 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2008 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| Make check payable to Florida Department of State | | | | | |
| 10. OFFICERS AND DIRECTORS | | | | | |
| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Delete | |
| | D BAUER, GILDA | 250 SW 7 ST #15 | BOCA RATON, FL 33432 | | |
| | TD TWISS, CECELIA M | 220 S.W. 7TH STREET #7 | BOCA RATON, FL 33432 | <input checked="" type="checkbox"/> Delete | |
| | P RETAMAR, RICK | 345 NE OLIVE WAY | BOCA RATON, FL 33432 | <input type="checkbox"/> Delete | |
| | VP TWISS, JAMES F | 220 S.W. 7TH STREET #7 | BOCA RATON, FL 33432 | <input type="checkbox"/> Delete | |
| | | | | <input type="checkbox"/> Delete | |
| | | | | <input type="checkbox"/> Delete | |
| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | | | | |
| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| | | | | | |
| | | | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| | | | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| | | | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
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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: <i>James F. Twiss</i> James F. Twiss | | | | 3-24-08 | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | | <small>Date</small> | |
| <small>Daytime Phone #</small> | | | | | |