

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # 738914

1. Entity Name

CAMINO LAKES HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

P.O. BOX 1996
BOCA RATON FL 33429
US

Mailing Address

P.O. BOX 1996
BOCA RATON FL 33429
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1976712

Applied For
Not Applied

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ECKERT, SCOTT
765 CAMINO LAKES CIR
BOCA RATON FL 33486

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

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

(NOTE: Registered Agent signature is required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

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 D
NAME ECKERT, SCOTT
STREET ADDRESS 765 CAMINO LAKES CIR
CITY- ST- ZIP BOCA RATON FL 33486 ☐ Delete

TITLE P
NAME SAGAR, OWEN
STREET ADDRESS 776 CAMINO LAKES CIR
CITY- ST- ZIP BOCA RATON FL 33486 ☐ Delete

TITLE S
NAME DAVENPORT, BETTY
STREET ADDRESS 2037 SW 8TH AVE
CITY- ST- ZIP BOCA RATON FL 33486 ☐ Delete

TITLE T
NAME DORSEY, JOE
STREET ADDRESS 2136 S.W. 7TH CT
CITY- ST- ZIP BOCA RATON FL 33486 ☐ Delete

TITLE D
NAME DAVENPORT, JACK
STREET ADDRESS 2037 SW 8TH AVE
CITY- ST- ZIP BOCA RATON FL 33486 ☐ Delete

TITLE D
NAME MILLER, GERRY
STREET ADDRESS 660 SW 17TH ST
CITY- ST- ZIP BOCA RATON FL ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Add
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Add
NAME
STREET ADDRESS
CITY- ST- ZIP

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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 Section 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

Joseph C Dorsey 2/8/06 954-377-0101

FILED
Feb 13, 2006 08:00 AM
Secretary of State



1st MOORE

CR2E037 (10/05)