


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 12, 2007 08:00 AM
Secretary of State

DOCUMENT # 738914 1. Entity Name CAMINO LAKES HOMEOWNERS ASSOCIATION, INC.	
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Principal Place of Business P.O. BOX 1996 BOCA RATON FL 33429 US	Mailing Address P.O. BOX 1996 BOCA RATON FL 33429 US
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt #, etc	Suite, Apt. #, etc.

1st MOORE CR2E037 (10/06)

City & State	City & State	4. FEI Number 59-1976712	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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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 _____ DATE _____
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25 Due By May 1, 2007	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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D ECKERT, SCOTT 765 CAMINO LAKES CIR BOCA RATON FL 33486	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition U00000664221 03/22/07-80035-019 61.25
TITLE	P SAGAR, OWEN 776 CAMINO LAKES CIR BOCA RATON FL 33486	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	S DAVENPORT, BETTY 2037 SW 8TH AVE BOCA RATON FL 33486	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	T DORSEY, JOE 2136 S.W. 7TH CT BOCA RATON FL 33486	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	D DAVENPORT, JACK 2037 SW 8TH AVE. BOCA RATON FL 33486	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	D MILLER, GERRY 660 SW 17TH ST BOCA RATON FL	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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* Treasurer 3/8/07 561-4846