2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#738914

FILED Mar 16, 2009 Secretary of State

Entity Name: CAMINO LAKES HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: P.O. BOX 1996 2136 SW 7TH COURT BOCA RATON, FL 33429 BOCA RATON, FL 33486 US US **Current Mailing Address: New Mailing Address:** P.O. BOX 1996 2136 SW 7TH COURT BOCA RATON, FL 33429 US BOCA RATON, FL 33486 US FEI Number: 59-1976712 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: ECKERT, SCOTT DORSEY, JOSEPH C 2136 SW 7TH COURT 765 CAMÍNO LAKES CIR BOCA RATON, FL 33486 US BOCA RATON, FL 33486 US 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. SIGNATURE: JOSEPH C. DORSEY 03/16/2009 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete ECKERT, SCOTT Name: Name: Address: 765 CAMINO LAKES CIR Address: City-St-Zip: BOCA RATON, FL 33486 City-St-Zip: Title: Title: () Delete () Change () Addition Name: SAGAR, OWEN Name: Address: 776 CAMINO LAKES CIR Address: City-St-Zip: BOCA RATON, FL 33486 City-St-Zip: Title: () Delete Title: () Change () Addition DORSEY, JOE Name: Name: 2136 S.W. 7TH CT Address: Address: City-St-Zip: BOCA RATON, FL 33486 City-St-Zip: Title: () Delete Title: () Change () Addition Name: MILLER, GERRY Name: Address: 660 SW 17TH ST Address: City-St-Zip: BOCA RATON, FL City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOE DORSEY T 03/16/2009