## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

**FILED** 

Jan 16 1997 8:00am

Secretary of State

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## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

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## CAMINO WOODS I HOMEOWNERS ASSOCIATION, INC.

							ARI 800   1100   1100   1100   1100   1100   1100   1100   1100   1100   1100   1100   1100   1100   1100   1	<u> </u>
Principal Place of Business Mailing Address						E IBBEIL IDDIL BIBLD BILE BIBLE IDILU I	FILIS MINTE MENET HINDI NIN	(
22436 MARIPOS		22436 MARIPOSA DR						
BOCA RATON I	FL 33433	BOCA RATON FL 33433-549	50					
						3. Date Incorporated or Qualified	3a. Date of Las	
9 Dringing D	lean of Durings	1 n- 14:14 1 1 1 1				03/29/1979	02/20/	1996
2. Principal Place of Business		2a. Mailing Address				4. FEI Number 59-1930341		Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.				35 1530341		Not Applicable
22]		27				5. Certificate of Status Desired	1 7	5 Additional Required
City & State		City & State				6. Election Campaign Financing		00 May Be
23		28				Trust Fund Contribution		ed to Fees
Zip	Country	Zip	Cour	try		8. This corporation has liability for in	njangible tax unde	r s. 199.032,
24	25		30				Yes No	
<del></del>	9. Name and Address of Current	Registered Agent		MI N.		10. Name and Address of New Re	Jistered Agent	
			[	B1 Na	ıme			
	S, EDYTHE		82 Street Ac			ddress (P.O. Box Number is Not Acceptable)		
	SABELLA LANE		ļ.	33				
BOCA R	ATON FL 33433			9-3				
			Ī	34 Cit	У		FL  85 Z	ip Code
11. Pursuant t	to the provisions of Sections 617.0502	and 617.1508, Florida Statute	s, the ab	ove-nan	ned corpor	ation submits this statement for the pr	wonen of changing	g its registered
agent. La	egistered agent, or both, in the State on familiar with, and accept the obligation	or Florida. Such change was a tions of, Section 617.0503, Flo	utnorizea rida Statu	by the tes.	corporatio	n's board of directors. I hereby accep	t the appointment	as registered
SIGNATURE _								
	Signature, typed or printed name of registered agen			Agent sign	ature required	when reinstating)	DATE	
12.	PD OFFICERS AND	DELETE	13.	r		ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECT	
NAME	JACQUES, EDYTHE	□ bettere	1.2 NA					e Madition
STREET ADDRESS	6522 CASABELLA LANE			il Eet addri	ECC			
CITY-ST-ZIP	BOCA RATON FL 3743	73						
TITLE	D DELETE			1.4 CITY - ST - ZIP 2.1 TITLE			☐ Chang	e Addition
NAME	SIEGEL, MORRIS			2.2 NAME				, July ridd kildir
STREET ADDRESS	6378 CASABELLA LN			::- Eet addri	FSS		41	
CITY-ST-ZIP	BOCA RATON FL 3343	73		Y-ST-ZiP				
TITLE	VD DELETE			3.1 TITLE			☐ Chang	e Addition
NAME	COOPER, DAVID		3.2 NA	1E				
STREET ADDRESS	6521 CASABELLA LANE		3.3 STR	eet addri	ess			
CITY-ST-ZIP	BOCA RATON FL 3343	<i>77</i>	3.4. CIT	Y-ST-ZIP	.		•	
TITLE	SD	☐ DELETE	4.1 TITL	E			Chang	e Addition
NAME	MARKS, SHIRLEY		4. 2 NA	WE				
STREET ADDRESS	6595 CASABELLA LANE		4.3 STR	EET ADORE	ESS			
CITY-ST-ZIP	BOCA RATON FL 734	<i>77</i>	4.4 CIT	-ST-ZIP				
TITLE	TD	DELETE	5.1 TIT	E	D	<b></b> 3	Chang	e 🔀 Addition
NAME	SNOW, FREDERICK		5.2 NAN	1E	5	(NDERS, KOBERT	_	
STREET ADDRESS	6546 CASABELLA LANE		5.3 \$TR	EET ADDRE	ESS   65	745 CASA DELLA LA	NE	
CITY-ST-ZIP	BOCA RATON FL 754		5.4 CIT	-ST-ZIP	B	CHUBERS, ROBERT 145 CASA DELLA LA 16CA RATON, FL 3 RECKONS, C. THOMA 4PS CASABELLA L 16CA RATON FL 33	3433	
TITLE	D	DELETE	6.1 TITU		D	·	☐ Chang	e 💹 Addition
NAME	LINDEMANN, CHARLES	•	6.2 NAN	1E	18	RECKONS, C. THOMA	5	
STREET ADDRESS	6473 CASABELLA LN		6.3 STR	EET ADDRE	ESS 6	485 CASABELLA L	N.	
CITY-ST-ZIP	BOCA RATON FL			- ST- 7IP	K	CA RATON FL 33	7433	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

IGNATURE: Signature and typed on PMINTED NAME OF PROCESSION OF THE ASURE 1/8/97 (561)750-3662