


FILE NOW: FILING FEE IS \$61.25

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Jan 29 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 746496 (9) 1. Corporation Name CAMINO WOODS HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 22436 MARIPOSA DR BOCA RATON FL 33433			Mailing Address 22436 MARIPOSA DR BOCA RATON FL 33433		
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 03/29/1979 4. FEI Number 59-1930341 Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
9. Name and Address of Current Registered Agent JACQUES, EDYTHE 6522 CASABELLA LANE BOCA RATON FL 33433			10. Name and Address of New Registered Agent 81 Name BRECKONS, C. THOMAS 82 Street Address (P.O. Box Number is Not Acceptable) 6485 CASABELLA LANE 83 84 City BOCA RATON FL 85 Zip Code 33433		
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes. SIGNATURE <i>C. Thomas Breckons</i> C. THOMAS BRECKONS PRESIDENT 1/20/98 (NOTE: Registered Agent signature required when reinstating)					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE PD NAME JACQUES, EDYTHE STREET ADDRESS 6522 CASABELLA LANE CITY-ST-ZIP BOCA RATON FL <input checked="" type="checkbox"/> DELETE			1.1 TITLE TD 1.2 NAME SNOW, FREDERICK 1.3 STREET ADDRESS 6346 CASABELLA LANE 1.4 CITY-ST-ZIP BOCA RATON, FL 33433 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE D NAME SIEGEL, MORRIS STREET ADDRESS 6378 CASABELLA LN CITY-ST-ZIP BOCA RATON FL <input checked="" type="checkbox"/> DELETE			2.1 TITLE SD 2.2 NAME HANNAH, SANDRA 2.3 STREET ADDRESS 6366 CASABELLA LANE 2.4 CITY-ST-ZIP BOCA RATON, FL 33433 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE VD NAME COOPER, DAVID STREET ADDRESS 6521 CASABELLA LANE CITY-ST-ZIP BOCA RATON FL <input type="checkbox"/> DELETE			3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE SD NAME MARKS, SHIRLEY STREET ADDRESS 6595 CASABELLA LANE CITY-ST-ZIP BOCA RATON FL <input checked="" type="checkbox"/> DELETE			4.1 TITLE D 4.2 NAME STEVENSON, ROBERT 4.3 STREET ADDRESS 6329 CASABELLA LANE 4.4 CITY-ST-ZIP BOCA RATON, FL 33433 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE D NAME SANDERS, ROBERT STREET ADDRESS 6545 CASABELLA LANE CITY-ST-ZIP BOCA RATON FL <input checked="" type="checkbox"/> DELETE			5.1 TITLE D 5.2 NAME CIANO, JOSEPH 5.3 STREET ADDRESS 6473 CASABELLA LANE 5.4 CITY-ST-ZIP BOCA RATON, FL 33433 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE D NAME BRECKONS, C. THOMAS STREET ADDRESS 6485 CASABELLA LN. CITY-ST-ZIP BOCA RATON FL <input type="checkbox"/> DELETE			6.1 TITLE PD 6.2 NAME BRECKONS, C. THOMAS 6.3 STREET ADDRESS 6485 CASABELLA LANE 6.4 CITY-ST-ZIP BOCA RATON, FL 33433 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

SIGNATURE: *FREDERICK SNOW* FREDERICK SNOW, TREASURER 1/20/98 (561) 750-3662

CR2E037 (10/97)

ADDITIONAL OFFICERS/DIRECTORS

13.

7.1 Title D ☐ Change ☒ Addition

7.2 Name Bush, Jerry

7.3 Street Address 6557 Casabella Lane

7.4 City-St-Zip Boca Raton, FL 33433