## 2000 UNIFORM BUSINESS REPORT (UBR)

## **FILED DOCUMENT # 746496** Apr 14, 2000 8:00 am 1. Entity Name Secretary of State CAMINO WOODS I HOMEOWNERS ASSOCIATION, INC. 04-14-2000 90130 022 \*\*\*\*61.25 Principal Place of Business Mailing Address 22436 MARIPOSA DR 22436 MARIPOSA DR BOCA RATON FL 33433 BOCA RATON FL 33433-5450 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-1930341 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Vincent t Street Address (P.O. Box Number is Not Acceptable) BRECKONS, THOMAS-C 6485 CASABELLA LANE 6 401 Laso **BOCA RATON FL 33433** Zip Code City 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 SIGNATURE (NOTE: Registered Agent signature required when reinstating) Signature, typed or pr inted name of registered agent and 9. Election Campaign Financing Make Check Pavable to FILE NOW: **\$5.00** May Be $\Box$ Trust Fund Contribution. Added to Fees Department of State FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. PD ☐ Change \*\*Addition TD Delete TITLE Vincent NAME SNOW, FREDERICK NAME STREET ADDRESS 201 lasabe STREET ADDRESS 6546 CASABELLA LANE CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33433** Addition Change TITLE SET D ☐ Delete TITLE NAME HANNAN, SANDRA NAME STREET ADDRESS STREET ADDRESS 6366 CASBELLA LANE CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33433** Beiele TITLE SD Change Addition VD TITLE Stirton uaurouer: te STEVENSON, ROBERT NAME NAME Seele La STREET ADDRESS STREET ADDRESS 6329 CASABELLA LANE 33433 CITY-ST-7IP CITY-ST-ZIP **BOCA RATON FL 33433** TITLE Change ☐ Addition Delete TITLE NAME STEVENSON, ROBERT NAME STREET ADDRESS STREET ADDRESS 6329 CASABELLA LANE CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33433** Change ☐ Addition Delete TIT! F TITLE NAME NAME GROEN, ROBERT STREET ADDRESS STREET ADDRESS 6474 CASABELLA LANE CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33433 □** *Oelete* ☐ Change ☐ Addition TITLE TITLE BRECKONS, C. THOMAS NAME STREET ADDRESS STREET ADDRESS 6485 CASABELLA LN. CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL\_33433** 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 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 of 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: SIGNATURE AND YPED OR P