## **2002 UNIFORM BUSINESS REPORT (UBR)**

## Feb 28, 2002 8:00 am Secretary of State DOCUMENT # **746496** 1. Entity Name CAMINO WOODS I HOMEOWNERS ASSOCIATION, INC. 02-28-2002 90001 027 \*\*\*\*61.25 Principal Place of Business Mailing Address MARIPOSA DR 22436 MARIPOSA DR RATON FL 33433 **BOCA RATON FL 33433** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-1930341 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) KIRBY, VINCENT 6401 CASABELLA LANE **BOCA RATON FL 33433** City 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. SIGNATURE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable DATE 9. Election Campaign Financing \$5.00 May Be Make Check Payable to FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. Addition TITLE ☐ Delete TITLE ☐ Change NEER, LESLIE 6510 CASABELLA LANE BOCA RATON FL 33433 KIRBY, VINCENT NAME NAME 6401 CASABELLA LN STREET ADDRESS STREET ADDRESS CITY-ST-7IP **BOCA RATON FL 33433** CITY-ST-ZIP SD □ Delete TITLE Change ☐ Addition HANNAN, SANDRA NAME STREET ADDRESS 6366 CASBELLA LANE STREET ADDRESS CITY-ST-ZIP **BOCA RATON FL 33433** CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition SNOW, FREDERICK NAME 6546 CASABELLA LN. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **BOCA RATON FL 33433** CITY-ST-ZIP ☐ Delete Change TITLE ☐ Addition **BUSH. JERRY** NAME NAME STREET ADDRESS 6557 CASABELLA LN STREET ADDRESS CITY-ST-7IP **BOCA RATON FL 33433** CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition GROEN, ROBERT NAME NAME STREET ADDRESS 6474 CASABELLA LANE STREET ADDRESS CITY-ST-ZIP **BOCA RATON-FL 33433** CITY-ST-ZIP TITLE TITLE □ Delete Change ☐ Addition Harmon, Christopher NAME NAME STREET ADDRESS 6582 CASABELLA LN. STREET ADDRESS CITY-ST-ZIP **BOCA RATON FL 33433** CITY-ST-ZIP

12. 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 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** 

**FILED**