

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 21, 2005 8:00 am**  
**Secretary of State**

03-21-2005 90091 029 \*\*\*\*61.25

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02272005 Chg-NP CR2E037 (10/03)

<b>DOCUMENT # 746496</b> 1. Entity Name <b>CAMINO WOODS I HOMEOWNERS ASSOCIATION, INC.</b>					
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		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>59-1930341</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>KIRBY, VINCENT</b> <b>6401 CASABELLA LANE</b> <b>BOCA RATON, FL 33433</b>				7. Name and Address of New Registered Agent Name <b>RONALD E DELATORRE</b> Street Address (P.O. Box Number is Not Acceptable) <b>6402 CASABELLA LANE</b> City <b>BOCA RATON</b> <b>FL</b> Zip Code <b>33433</b>	
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. I am familiar with, and accept the obligations of registered agent.  SIGNATURE <u><i>Ronald E Delatorre</i></u> <b>RONALD E DELATORRE</b> <b>3/17/05</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>KIRBY, VINCENT</b> <b>6401 CASABELLA LN</b> <b>BOCA RATON, FL 33433</b>	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>DELATORRE, RONALD E</b> <b>6402 CASABELLA LANE</b> <b>BOCA RATON, FL 33433</b>
				<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <b>HANNAN, SANDRA</b> <b>6366 CASABELLA LANE</b> <b>BOCA RATON, FL 33433</b>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD</b> <b>ROBERT HAMILTON</b> <b>6581 CASABELLA LANE</b> <b>BOCA RATON, FL 33433</b>
				<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD</b> <b>CUMMINS, RICHARD R</b> <b>6378 CASABELLA LANE</b> <b>BOCA RATON, FL 33433</b>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CUMMINS, RICHARD R.</b>
				<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>COLBURN, CARL</b> <b>6557 CASABELLA LN</b> <b>BOCA RATON, FL 33433</b>	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>THOMAS KROENER, THOMAS</b> <b>6569 CASABELLA LANE</b> <b>BOCA RATON, FL 33433</b>
				<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>TEMPLE, BOB</b> <b>6354 CASABELLA LN</b> <b>BOCA RATON, FL 33433</b>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>NEER, GAIL</b> <b>6510 CASABELLA LANE</b> <b>BOCA RATON, FL 33433</b>
				<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD</b> <b>HARMON, CHRISTOPHER</b> <b>6582 CASABELLA LN.</b> <b>BOCA RATON, FL 33433</b>	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u><i>Richard R Cummins</i></u> <b>RICHARD R. CUMMINS</b> <b>3-17-05</b> <b>581-630-9496</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					