

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 09, 2007 08:00 A**  
**Secretary of State**

**DOCUMENT # 746496**

1. Entity Name  
**CAMINO WOODS I HOMEOWNERS ASSOCIATION, INC.**



Principal Place of Business  
**22436 MARIPOSA DR  
BOCA RATON, FL 33433**

Mailing Address  
**22436 MARIPOSA DR  
BOCA RATON, FL 33433**

**DO NOT WRITE IN THIS SPACE**



01042007 No Chg-NP CR2E037 (4/06)

4. FEI Number <b>59-1930341</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**RONALD & DELATORNE  
6402 CASABELLA LANE  
BOCA RATON, FL 33433**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	PD
NAME	DELATOARE, RONALD E
STREET ADDRESS	6402 CASABELLA LANE
CITY - ST - ZIP	BOCA RATON, FL 33433
TITLE	SD
NAME	HANNAN, SANDRA
STREET ADDRESS	6366 CASABELLA LANE
CITY - ST - ZIP	BOCA RATON, FL 33433
TITLE	TD
NAME	CUMMINS, RICHARD R
STREET ADDRESS	6378 CASABELLA LANE
CITY - ST - ZIP	BOCA RATON, FL 33433
TITLE	D
NAME	KROENER, THOMAS
STREET ADDRESS	6569 COSMELLO LANE
CITY - ST - ZIP	BOCA RATON, FL 33433
TITLE	D
NAME	TEMPLE, BOB
STREET ADDRESS	6354 CASABELLA LN
CITY - ST - ZIP	BOCA RATON, FL 33433
TITLE	D
NAME	NEER, GAIL
STREET ADDRESS	6510 CASABELLA LANE
CITY - ST - ZIP	BOCA RATON, FL 33433

UD00000580299  
01/10/07-80041-021 61.25

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:** *Richard R. Cummins*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**RICHARD R. CUMMINS, TREAS.**

Date

*1/11/07*

Daytime Phone #

*561-620-9496*