

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 746496

FILED
Mar 20, 2009
Secretary of State

Entity Name: CAMINO WOODS I HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

22436 MARIPOSA DR
BOCA RATON, FL 33433

New Principal Place of Business:

Current Mailing Address:

22436 MARIPOSA DR
BOCA RATON, FL 33433

New Mailing Address:

FEI Number: 59-1930341

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DELATORRE, RONALD E
6402 CASABELLA LANE
BOCA RATON, FL 33433 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: DELATORRE, RONALD E
Address: 6402 CASABELLA LANE
City-St-Zip: BOCA RATON, FL 33433

Title: SD () Delete
Name: HANNAN, SANDRA
Address: 6366 CASABELLA LANE
City-St-Zip: BOCA RATON, FL 33433

Title: TD () Delete
Name: CUMMINS, RICHARD R
Address: 6378 CASABELLA LANE
City-St-Zip: BOCA RATON, FL 33433

Title: D () Delete
Name: QUILLARD, ROBERT
Address: 6402 CASABELLA LANE
City-St-Zip: BOCA RATON, FL 33433

Title: D () Delete
Name: TEMPLE, BOB
Address: 6354 CASABELLA LN
City-St-Zip: BOCA RATON, FL 33433

Title: D () Delete
Name: NEER, GAIL
Address: 6510 CASABELLA LANE
City-St-Zip: BOCA RATON, FL 33433

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RICHARD R. CUMMINS

D, T

03/20/2009

Electronic Signature of Signing Officer or Director

Date