

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAR -1 PM 2:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 746865 (5)

1. Corporation Name

CAMINO REAL VILLAGE ASSOCIATION, INC.

Principal Place of Business

3600 S. CONGRESS AVE.
SUITE C
BOYNTON BCH. FL 33426
US

Mailing Address

3600 S. CONGRESS AVE.
SUITE C
BOYNTON BCH. FL 33426
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/24/1979

3a. Date of Last Report

07/12/1994

4. FEI Number

59-2051967

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

7. Nonprofit with IRS 501(c)(3)

Tax Exempt Status

☐

\$68.75 Supplemental
Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

9. Name and Address of Current Registered Agent

ARISTA MANAGEMENT GROUP INC.
3600 S. CONGRESS AVE.
SUITE C
BOYNTON BCH. FL 33426

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
RISHOFF, WALT
5700 CAMINO DEL SOL, STE. 200
BOCA RATON FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
SCHWARTZ, NANCY
5801 CAMINO DEL SO
BOCA RATON FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
I
BELL, CAROL
5749 CAMINO DEL SOL
BOCA RATON FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
RUBILINO, NICK
5901 CAMINO DEL SOL
BOCA RATON FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
CROSKEY, RALPH
5749 CAMINO DEL SOL, STE. 205
BOCA RATON FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
SCHELFELDT, HANS
5800 CAMINO DEL SOL
BOCA RATON FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☒ Change ☐ Addition

☐ Change ☐ Addition

☒ Change ☒ Addition

☐ Change ☐ Addition

D
BELL, CAROL
5749 CAMINO DEL SOL #307
BOCA RATON, FL 33433

P
BEN GABRIELE
5751 CAMINO DEL SOL #100
BOCA RATON, FL 33433

T
JEROME GINTER
5749 CAMINO DEL SOL #100
BOCA RATON, FL 33433

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/6/95

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