

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 09, 2001 8:00 am
Secretary of State

04-09-2001 90036 037 *****61.25

0052784

DOCUMENT # 746865

1. Entity Name

CAMINO REAL VILLAGE ASSOCIATION, INC.

Principal Place of Business

Mailing Address

C/O CAMPBELL PROP.
 1215 E. HILLSBORO BLVD.
 DEERFIELD BEACH FL 33441
 US

C/O CAMPBELL PROP.
 1215 E. HILLSBORO BLVD.
 DEERFIELD BEACH FL 33441
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2051967

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

**CAMPBELL PROPERTY MANAGEMENT
 1215 E. HILLSBORO BLVD.
 DEERFIELD BEACH FL 33441**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing
 Trust Fund Contribution. ☐

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

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P** ☐ Delete
 NAME **TEIFER, STEPHEN**
 STREET ADDRESS **5900 CAMINO DEL SOL #407**
 CITY-ST-ZIP **BOCA RATON FL 33433**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VP** ☐ Delete
 NAME **RUBOLUND, NICK**
 STREET ADDRESS **5901 CAMINO DEL SOL #100**
 CITY-ST-ZIP **BOCA RATON FL 33433**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **T** ☒ Delete
 NAME **SALTZMAN, CHARLES**
 STREET ADDRESS **5801 CAMINO DEL SOL #300**
 CITY-ST-ZIP **BOCA RATON FL 33433**

TITLE **Treasurer** ☐ Change ☐ Addition
 NAME **Bremke, Robert**
 STREET ADDRESS **5900 Camino Del Sol #107**
 CITY-ST-ZIP **Boca Raton FL 33433**

TITLE **D** ☐ Delete
 NAME **CORDONE, JO**
 STREET ADDRESS **5851 CAMINO DEL SOL #307**
 CITY-ST-ZIP **BOCA RATON FL 33433**

TITLE **Secretary/Director** ☒ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☒ Delete
 NAME **YAFFE, BILL**
 STREET ADDRESS **5801 CAMINO DEL SOL #304**
 CITY-ST-ZIP **BOCA RATON FL 33433**

TITLE **Director** ☐ Change ☐ Addition
 NAME **Stone, Dorothy**
 STREET ADDRESS **5701 Camino Del Sol**
 CITY-ST-ZIP **Boca Raton, FL 33433**

TITLE **D** ☐ Delete
 NAME **BLAKE, BOB**
 STREET ADDRESS **5650 CAMINO DEL SOL #180**
 CITY-ST-ZIP **BOCA RATON FL 33433**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 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:

[Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/3/01

Date

561-36P.4013

Daytime Phone #

CR2E037 (10/00)