

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2002 8:00 am
Secretary of State

04-07-2002 90568 021 ****61.25

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

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

Name

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

City

FL

Zip Code

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	<input checked="" type="checkbox"/> Delete
NAME	TEIFER, STEPHEN	
STREET ADDRESS	5900 CAMINO DEL SOL #407	
CITY-ST-ZIP	BOCA RATON FL 33433	
TITLE	VP	<input type="checkbox"/> Delete
NAME	RUBOLIND, NICK	
STREET ADDRESS	5901 CAMINO DEL SOL #100	
CITY-ST-ZIP	BOCA RATON FL 33433	
TITLE	T	<input type="checkbox"/> Delete
NAME	BREMKE, ROBERT	
STREET ADDRESS	5900 CANINE DEL SOL #104	
CITY-ST-ZIP	BOCA RATON FL 33433	
TITLE	SD	<input type="checkbox"/> Delete
NAME	CORDONE, JO	
STREET ADDRESS	5851 CAMINO DEL SOL #307	
CITY-ST-ZIP	BOCA RATON FL 33433	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	STONE, DOROTHY	
STREET ADDRESS	5701 CANINE DEL SOL	
CITY-ST-ZIP	BOCA RATON FL 33433	
TITLE	D	<input type="checkbox"/> Delete
NAME	BLAKE, BOB	
STREET ADDRESS	5650 CAMINO DEL SOL #180	
CITY-ST-ZIP	BOCA RATON FL 33433	

TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MILLER, KEITH	
STREET ADDRESS	5801 Camino Del Sol #104	
CITY-ST-ZIP	BOCA RATON, FL 33433	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Gagliardi, Michael	
STREET ADDRESS	5749 Camino Del Sol #400	
CITY-ST-ZIP	BOCA RATON, FL 33433	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Bob Blake	
STREET ADDRESS	5650 Camino Del Sol #180	
CITY-ST-ZIP	BOCA RATON, FL 33433	

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 REQUIRED

Date

Daytime Phone #

3/18/02

CR2E037 (9/01)