

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 28, 2005 8:00 am**  
**Secretary of State**

03-28-2005 90055 004 \*\*\*\*61.25

**DOCUMENT # 746865**

1. Entity Name

CAMINO REAL VILLAGE ASSOCIATION, INC.



Principal Place of Business

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

Mailing Address

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



1st MOORE

CR2E037 (10/04)

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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. 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

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Delete  
NAME **GILL, JAN**  
STREET ADDRESS **5750 CAMINO DEL SOL**  
CITY-ST-ZIP **BOCA RATON FL 33433**

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

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

TITLE **Sec/D** ☐ Change ☒ Addition  
NAME **F.A.L.KOW, Jan**  
STREET ADDRESS **5901 Camino Del Sol #100**  
CITY-ST-ZIP **Boca Raton, FL 33433**

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

TITLE **President** ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☐ Delete  
NAME **GAGLIARDI, MICHAEL**  
STREET ADDRESS **5749 CAMINO DEL SOL #400**  
CITY-ST-ZIP **BOCA RATON FL 33433**

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

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

TITLE **Vice Pres.** ☐ Change ☒ Addition  
NAME **ROSS, PAUL**  
STREET ADDRESS **5701 Camino Del Sol #100**  
CITY-ST-ZIP **Boca Raton FL 33433**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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: *Josephine Cordone*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #