2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2007
Secretary of State

DOCUMENT# 750846

Entity Name: CAMINO GARDENS VILLAS PROPERTY OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

550 W. CAMINO REAL
BOCA RATON, FL 33432

New Principal Place of Business:

Current Mailing Address:

550 W. CAMINO REAL
BOCA RATON, FL 33432

New Mailing Address:

FEI Number: 59-2354064 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DOBBELAER, WILLIAM M
829 CAMINO GARDENS LN.
BOCA RATON, FL 33432 US

Name and Address of New Registered Agent:

BRYAN, PASCALE A
829 CAMINO GARDENS LN.
BOCA RATON, FL 33432 US

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: PASCALE A BRYAN 03/19/2007
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: ISGETTE, NANCY
Address: 894 CAMINO GARDENS LANE
City-St-Zip: BOCA RATON, FL 33432

Title: DS ( ) Delete
Name: OKERSTROM, LINDA
Address: 892 CAMINO GARDENS LANE
City-St-Zip: BOCA RATON, FL 33432

Title: T ( ) Delete
Name: DOBBELAER, WILLIAM M
Address: 829 CAMINO GARDEN LN.
City-St-Zip: BOCA RATON, FL 33432

Title: VP ( ) Delete
Name: BAUR, JENNIFER
Address: 828 CAMINO GARDENS LN.
City-St-Zip: BOCA RATON, FL 33432

Title: S (X) Delete
Name: EISENSMITH, TERRY
Address: 860 CAMINO GARDENS LN.
City-St-Zip: BOCA RATON, FL 33432

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: S (X) Change ( ) Addition
Name: OKERSTROM, LINDA
Address: 892 CAMINO GARDENS LANE
City-St-Zip: BOCA RATON, FL 33432

Title: T (X) Change ( ) Addition
Name: BRYAN, PASCALE A
Address: 765 CAMINO GARDEN LN.
City-St-Zip: BOCA RATON, FL 33432

Title: VP (X) Change ( ) Addition
Name: FARGAS, ROSA
Address: 797 CAMINO GARDENS LN.
City-St-Zip: BOCA RATON, FL 33432

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

I hereby certify that the information supplied with this filing does not qualify for the 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: PASCALE A BRYAN T 03/19/2007
Electronic Signature of Signing Officer or Director Date