## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT#750846** 

FILED Mar 10, 2008 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business:

550 W. CAMINO REAL BOCA RATON, FL 33432

Current Mailing Address: New Mailing Address:

550 W. CAMINO REAL BOCA RATON, FL 33432

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

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

BRYAN, PASCALE A
829 CAMINO GARDENS LN.
BOCA RATON, FL 33432 US
BRYAN, PASCALE A
765 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 AG BRYAN 03/10/2008

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 P () Delete
 Title:
 P (X) Change () Addition

 Name:
 ISGETTE, NANCY
 Name:
 BRYAN, JULIAN T IV

 Address:
 894 CAMINO GARDENS LANE
 Address:
 765 CAMINO GARDENS LANE

Address: 894 CAMINO GARDENS LANE Address: 765 CAMINO GARDENS LANE
City-St-Zip: BOCA RATON, FL 33432 City-St-Zip: BOCA RATON, FL 33432

Title: S ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 OKERSTROM, LINDA
 Name:

 Address:
 892 CAMINO GARDENS LANE
 Address:

 City-St-Zip:
 BOCA RATON, FL 33432
 City-St-Zip:

Title: T ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 BRYAN, PASCALE A
 Name:

 Address:
 765 CAMINO GARDEN LN.
 Address:

 City-St-Zip:
 BOCA RATON, FL 33432
 City-St-Zip:

Title: VP ( ) Delete Title: VP (X) Change ( ) Addition

Name:FARGAS, ROSAName:EISENSMITH, TERRYAddress:797 CAMINO GARDENS LN.Address:860 CAMINO GARDENS LN.City-St-Zip:BOCA RATON, FL 33432City-St-Zip:BOCA RATON, FL 33432

I hereby certify that the information supplied with this filing does not qualify 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 AG BRYAN T 03/10/2008