
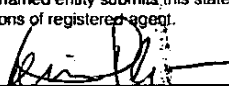
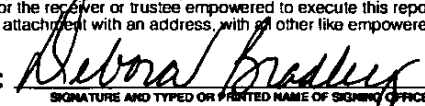


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 16, 2005 8:00 am**  
**Secretary of State**

03-16-2005 90037 028 \*\*\*\*61.25

<b>DOCUMENT # 756584</b> 1. Entity Name <b>CAMINO DEL QUINTA ASSOCIATION, INC.</b>					
Principal Place of Business <b>330 SW 8TH STREET UNIT #4 BOCA RATON, FL 33432</b>			Mailing Address <b>PO BOX 983 BOCA RATON, FL 33420-0983</b>		
2. Principal Place of Business <b>2200 N. Federal Hwy</b> Suite, Apt. #, etc. <b>212</b>			3. Mailing Address <b>2200 N. Federal Hwy</b> Suite, Apt. #, etc. <b>212</b>		
City & State <b>BOCA RATON FL.</b>			City & State <b>BOCA RATON, FL.</b>		
Zip <b>33431</b>		Country <b>USA</b>		4. FEI Number <b>NOT APPLICABLE</b> <b>581732419</b>	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent <b>GAROFALO, AVORA A 330 SW 8TH ST, UNIT #14 BOCA RATON, FL 33432</b>			7. Name and Address of New Registered Agent Name <b>LENNIE PLAZURE</b> Street Address (P.O. Box Number is Not Acceptable) <b>2200 N. FEDERAL HIGHWAY</b> <b>Suite 212</b> City <b>BOCA RATON</b> <b>FL</b> Zip Code <b>33431</b>		
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  DATE <b>3/9/05</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reconstituting)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
Make check payable to <b>Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <b>GAROFALO, AVORA A 330 SW 8TH ST #14 BOCA RATON, FL 33432</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PID <b>Debra Bradley 361 W. Camino Real # 8 BOCA RATON, FL. 33432</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T <b>HORSTEN, RICHARD 350 SW 8TH ST #2 BOCA RATON, FL 33432</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TID <b>Victoria Burou 300 SW 8TH ST. #18 BOCA RATON, FL. 33432</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S <b>GAROFALO, TRICIA 330 SW 8TH ST #15 BOCA RATON, FL 33432</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SID <b>Jeff Mehrer 300 SW 8TH ST. #19 BOCA RATON, FL. 33432</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  <b>3-10-05</b> <b>561-392-7974</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					