2006 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE:

Apr 27, 2006 8:00 am Secretary of State **DOCUMENT #756584** 04-27-2006 90202 039 ****61.25 CAMÍNO DEL QUINTA ASSOCIATION, INC. Principal Place of Business Mailing Address יייוטטען. 2200 N.FEDERAL HWY 2200 N.FEDERAL HWY **SUITE 212** SUITE 212 BOCA RATON, FL 33431 BOCA RATON, FL 33431 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04102006 Chg-NP CR2E037 (11/05) City & State City & State Applied For 4. FEI Number 58-1732419 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PLAZURE, LENNIE Street Address (P.O. Box Number is Not Acceptable) 2200 N. FEDERAL HIGHWAY **SUITE 212** BOCA RATON, FL 33431 City 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 aigniture required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be Filing Fee is \$61.25 Trust Fund Contribution. Due by May 1, 2006 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. TITLE TIT F 13 Delete ☐ Addition Change Detora Bradley 361 W. Camio Ros L #8 GAROFALO, AVORA A NAME NAME 330 SW 8TH ST #14 STREET ADDRESS STREET ADDRESS CITY-ST-7IP BOCA RATON, FL 33432 CITY-ST-ZIP BOXA ROTON, FL. 3343L TITLE Delete TITLE ☐ Change -Addition HORSTEN, RICHARD JP Crespo 300 SW 813 ST. #17 NAME NAME 350 SW 8TH ST #2 STREET ADDRESS STREET ADDRESS CITY-ST-7P BOCGROOD FL 3343L CITY-ST-7P BOCA RATON, FL 33432 TITLE S Addition Delete TITLE ☐ Change D۵ NAME NAME GAROFALO, TRICIA seff Mehror 300 SW 872 ST. #19 330 SW 8TH ST #15 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP BOCA RATON, FL 33432 CITY-ST-ZIP Boca Razou, FL. 37434 TITLE Q Qelete TIRE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP TITLE ☐ Delete TITLE Change | ☐ Addition MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZP CITY-ST-ZIP TITLE Oelete tm £ ☐ Chance ■ Addition NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.

FILED