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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 760084

1. Corporation Name CAMINO REAL OWNERS ASSOCIATION, INC.

Principal Place of Business 155 ABBE LANE CLIFTON NJ 07013 US

Mailing Address 155 ABBE LANE CLIFTON NJ 07013 US



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified 09/17/1981

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number 59-2176567

Applied For Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired

\$8.75 Additional Fee Required

23 Zip

Country

28 Zip

Country

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

SMITH, BILL T., JR 1650 S. DIXIE HWY. BOCA RATON FL 33432

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD PAOLUCCI, JOSEPH DELETED NAME STREET ADDRESS 46 VILLAGE ROAD CITY-ST-ZIP CLIFTON NJ

1.1 TITLE DELETED 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP

TITLE D WITMER, LINDA DELETED NAME STREET ADDRESS 155 ABBE LANE CITY-ST-ZIP CLIFTON NJ 07013

2.1 TITLE DELETED 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP

TITLE STD PAOLUCCI, DEAN DELETED NAME STREET ADDRESS 93 ADAMS TERRACE CITY-ST-ZIP CLIFTON NJ

3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 71 Country Lane Clifton, N.J. 3.4 CITY-ST-ZIP

TITLE DELETED NAME STREET ADDRESS CITY-ST-ZIP

4.1 TITLE DELETED 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP

TITLE DELETED NAME STREET ADDRESS CITY-ST-ZIP

5.1 TITLE DELETED 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP

TITLE DELETED NAME STREET ADDRESS CITY-ST-ZIP

6.1 TITLE DELETED 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-20-99 973-977-8252 Daytime Phone #

CR2E037 (1/198)