

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2000 8:00 am
Secretary of State

04-10-2000 90113 028 ****61.25

DOCUMENT # 760084
1. Entity Name
 CAMINO REAL OWNERS ASSOCIATION, INC.

Principal Place of Business **Mailing Address**
 55 EDWARDS ROAD 55 EDWARDS ROAD
 CLIFTON, NJ 07013 CLIFTON, NJ 07013

2. Principal Place of Business **3. Mailing Address**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
 Zip Country Zip Country

4. FEI Number **Applied For**
 59-2176567 Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**

80057123

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
 Smith, Bill T., Jr.
 1650 S. Dixie HWY.
 Boca Raton, FL 33432

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** 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.

SIGNATURE _____ **DATE** _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing **\$5.00 May Be**
 Trust Fund Contribution. **Added to Fees**

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sec./Treas. Dir. <input type="checkbox"/> Delete Witmer, Linda 55 Edwards Road Clifton, NJ 07013
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Pres. Dir. <input type="checkbox"/> Delete Paolucci, J. Dean 71 Country Lane Clifton, NJ 07013
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V.P. Dir. <input type="checkbox"/> Delete Paolucci, Joan 46 Village Road Clifton, NJ 07013
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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)(i), 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: _____ **3/24/00** **Date** **Daytime Phone #**

CR2E037 (9/99)