

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 760084

FILED  
May 01, 2007  
Secretary of State

**Entity Name:** CAMINO REAL OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

55 EDWARDS ROAD  
CLIFTON, NJ 07013 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 4702  
CLIFTON, NJ 070154702 US

**New Mailing Address:**

**FEI Number:** 59-2176567 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

SMITH, BILL T., JR  
980 NORTH FEDERAL HIGHWAY  
SUITE 402  
BOCA RATON, FL 33432 US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: PAOLUCCI, JOAN  
Address: 46 VILLAGE ROAD  
City-St-Zip: CLIFTON, NJ 07013

Title: STD ( ) Delete  
Name: WITMER, LINDA  
Address: 50 EDWARDS RD  
City-St-Zip: CLIFTON, NJ 07013

Title: PD ( ) Delete  
Name: PAOLUCCI, J. DEAN  
Address: 71 COUNTRY LANE  
City-St-Zip: CLIFTON, NJ 07013

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: J. DEAN PAOLUCCI

PD

05/01/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date