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Feb 07 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 762891 (0)

1. Corporation Name

CAMINO REAL CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

MARY A. BLOK
P.O. BOX 204
PERRY FL 32347MARY A. BLOK
P.O. BOX 204
PERRY FL 32348-02043. Date Incorporated or Qualified
04/15/19823a. Date of Last Report
02/07/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BECKHAM, ESTELLE B.
804 WESTWOOD DRIVE
PERRY FL 32347

81 Name

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

83

84 City

FL

85 Zip Code

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 PTD
NAME BECKHAM, ESTELLE B
STREET ADDRESS 804 WESTWOOD DRIVE
CITY-ST-ZIP PERRY FL1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS 4830 N.W. 43rd St. Apt. C-43
1.4 CITY-ST-ZIP Gainesville, Florida 32606TITLE VSD
NAME SWAIN, MRS. MARY A.
STREET ADDRESS P.O. BOX 204 N/A
CITY-ST-ZIP PERRY FL2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS 960 Carlton Cemetery Rd.
2.4 CITY-ST-ZIP Perry, Florida 32347
4830 N.W. 43rd St. Apt. C-43 } Ms. General.
Gainesville, Florida 32606TITLE D
NAME BLOK, MARY A.
STREET ADDRESS P.O. BOX 204 N/A
CITY-ST-ZIP PERRY FL3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIPTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIPTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIPTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone: 800-813-0

CR2E037 (9/96)