

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Feb 27, 1999 8:00 am
Secretary of State

02-27-1999 90052 016 ****61.25

0009347

DOCUMENT # 762891

1. Corporation Name

CAMINO REAL CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

MARY A. BLOK
P.O. BOX 204
PERRY FL 32347

Mailing Address

MARY A. BLOK
P.O. BOX 204
PERRY FL 32347



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

3. Date Incorporated or Qualified

04/15/1982

4. FEI Number

59-2404965

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

BECKHAM, ESTELLE B.
804 WESTWOOD DRIVE
PERRY FL 32347

10. Name and Address of New Registered Agent

81 Name MARY A. SWAIN

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

960 CARLTON CEMETERY RD.

83

84 City Perry

FL

85 Zip Code

32347

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

1-29-99

12. OFFICERS AND DIRECTORS

TITLE PTD ☐ DELETE
NAME BECKHAM, ESTELLE B
STREET ADDRESS 4830 N.W. 43RD ST., APT. C-43
CITY-ST-ZIP GAINESVILLE FL

TITLE VSD ☐ DELETE
NAME SWAIN, MRS. MARY A.
STREET ADDRESS 960 CARLTON CEMETERY RD.
CITY-ST-ZIP PERRY FL

TITLE D ☐ DELETE
NAME BLOK, MARY A.
STREET ADDRESS P.O. BOX 204 N/A
CITY-ST-ZIP PERRY FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PTD ☒ Change ☐ Addition
1.2 NAME BECKHAM, ESTELLE B.
1.3 STREET ADDRESS 4830 N.W. 43RD ST., LOT-185
1.4 CITY-ST-ZIP GAINESVILLE, FL 32653

2.1 TITLE ☐ Change ☒ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP 32347

3.1 TITLE ☐ Change ☒ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP 32348

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
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

Date

Daytime Phone #

1-29-99 850-584-8981

CR2E037 (1/98)