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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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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
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 04/15/1982
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2404965
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees
Zip 29	Country 30	Trust Fund Contribution

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 *Mary A. Swain* DATE **1-29-99**

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

12. OFFICERS AND DIRECTORS

TITLE	PTD	<input type="checkbox"/> DELETE
NAME	BECKHAM, ESTELLE B	
STREET ADDRESS	4830 N.W. 43RD ST., APT. C-43	
CITY-ST-ZIP	GAINESVILLE FL	
TITLE	VSD	<input type="checkbox"/> DELETE
NAME	SWAIN, MRS. MARY A.	
STREET ADDRESS	960 CARLTON CEMETERY RD.	
CITY-ST-ZIP	PERRY FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BLOK, MARY A.	
STREET ADDRESS	P.O. BOX 204 N/A	
CITY-ST-ZIP	PERRY FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	BECKHAM, ESTELLE B.	
1.3 STREET ADDRESS	8620 N.W. 13th St. LOT-185	
1.4 CITY-ST-ZIP	GAINESVILLE, FL 32653	
2.1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP	32347	
3.1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP	32348	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Mary A. Swain* DATE **1-29-99** DAYTIME PHONE # **850-584-8981**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (1/98)