2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 762891 1. Entity Name

CAMINO REAL CONDOMINIUM ASSOCIATION, INC.

FILED Aug 11, 2002 8:00 am Secretary of State 08-11-2002 90165 049 ****61.25

MARY A BLOK PERRY R. 32947 PERRY R. 32948 PERRY R	Principal Place of Business			Maili	ing Address									
Suite. Apt. #, etc. Suite. Apt. #, etc. Suite. Apt. #, etc. DO NOT WRITE IN THIS SPACE	P.O. BOX 204			P.O. BOX 204			 	IIKO KIOOK IDIKO IEKOK	((8) 8) 8) 8 (8) 8) 8)	? 6(8)1 6 20)1 3 1	1877 878(1)881			
City & State Ci	2. Principal Place of Business				3. Mailing Address									
Second S	Suite, Apt.	. #, etc.		Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE						
S. Carrificate of Status Desired \$8.75 Additional \$8.75 Additional	City & State				City & State			4. FEI Number 59-2404965						
SWAIN, MARY A SEC CARLTON CEMETERY RD. PERRY FL 32347 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. I am farmitiar with, and accept the obligations of registered agent. 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. I am farmitiar with, and accept the obligations of registered agent. 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. I am farmitiar with, and accept the obligations of registered agent. 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. I am farmitiar with, and accept the first of the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am farmitiar with, and accept the first of the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am farmitiar with, and accept the first of the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am farmitiar with, and accept the first of the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am farmitiar with, and accept the first of the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am farmitiar with, and accept the first of the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am farmitiar with, and accept the first of the purpose of Florida in the first of the purpose of Florida in the first of the purpose of Florida in	Zip	Zip Country			ip	Country		5. Certificate of Status Desired Fe			\$8.75 Ad	3.75 Additional		
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R. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature Signatu						Street	Street Address (P.O. Box Number is Not Acceptable)							
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 Florids. I am familiar with, and accept the obligations of registered agent. SIGNATURE After September 13, 2002, min, will be \$236.25. PTILE ARTER September 13, 2002, min, will be \$236.25. PTILE BECKHAM,ESTELLE B SIRET ADDRESS CITY-ST-2P PERRY FL 32247 Delete TITLE NAME SIRET ADDRESS CITY-ST-2P DELOK, MARY A SIRET ADDRESS CITY-ST-2P DELOK SIRET ADDRESS CITY-ST-2P Addition Addition ADDITIONS/CHANGES CITY-ST-2P ADDITIONS/CHANGES CITY-ST-2P Change Addition Addition ADDITIONS/CHANGES CITY-ST-2P ADDITIONS/CHANGES CITY-ST-2P Change Addition ADDITIONS/CHANGES CITY-ST-2P ADDITIONS/CHANGES CITY-ST-2P Change Addition ADDITIONS/CHANGES CITY-ST-2P Change Addi														
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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:

MONATARBUERUMARY A. BLOK