

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Aug 11, 2002 8:00 am**  
**Secretary of State**

08-11-2002 90165 049 \*\*\*\*61.25

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**DOCUMENT # 762891**

1. Entity Name

**CAMINO REAL CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

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

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



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-2404965**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SWAIN, MARY A  
 960 CARLTON CEMETERY RD.  
 PERRY FL 32347

Name

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

City

**FL**

Zip Code

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 familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

After September 13, 2002,  
 min. will be \$236.25.

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PTD	<input type="checkbox"/> Delete
NAME	BECKHAM, ESTELLE B	
STREET ADDRESS	8620 NW 13TH ST., LOT 185	
CITY-ST-ZIP	GAINESVILLE FL 32653	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	SWAIN, MRS. MARY A.	
STREET ADDRESS	960 CARLTON CEMETERY RD.	
CITY-ST-ZIP	PERRY FL 32347	
TITLE	D	<input type="checkbox"/> Delete
NAME	BLOK, MARY A.	
STREET ADDRESS	P.O. BOX 204 N/A	
CITY-ST-ZIP	PERRY FL 32348	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

MARY A. BLOK

8/19/02

850-877-4850

CR2E037 (4/02)