


**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 02, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT # 762891</b> 1. Entity Name <b>CAMINO REAL CONDOMINIUM ASSOCIATION, INC.</b>	
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Principal Place of Business <b>MARY A. BLOK P.O. BOX 204 PERRY, FL 32348</b>	Mailing Address <b>MARY A. BLOK P.O. BOX 204 PERRY, FL 32348</b>
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**DO NOT WRITE IN THIS SPACE**



05212007 No Chg-NP CR2E037 (4/06)

4. FEI Number <b>59-2404965</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent

**SWAIN, MARY A  
780 CARLTON CEMETERY RD.  
PERRY, FL 32348**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

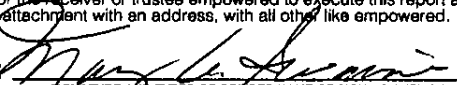
<b>Filing Fee is \$61.25 Due by September 14, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD SWAIN, MARY A. 780 CARLTON CEMETERY RD. PERRY, FL 32348
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD SWAIN, MRS. MARY A. 780 CARLTON CEMETERY RD. PERRY, FL 32348
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BLOK, MARY A. P.O. BOX 204 PERRY, FL 32348
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05/23/07-80083-024 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:**  **05/21/2007**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #