


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 03, 2007 08:00 A
Secretary of State

DOCUMENT # N93000004651	
1. Entity Name CAMINO REAL ASSOCIATION, INC.	

Principal Place of Business 3733 CAMINO WAY ORLANDO FL 32808	Mailing Address 3733 CAMINO WAY ORLANDO FL 32808
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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1st MOORE	CR2E037 (10/06)
4. FEI Number 59-3213089	Applied For <input type="checkbox"/> Not Applicable

City & State	City & State
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Zip	Country	Zip	Country
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
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DAVIDSON, LINDA 3733 CAMINO WAY ORLANDO FL 32808	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 _____	(NOTE: Registered Agent signature required when re-registering)	DATE _____
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FILE NOW: FEE IS \$61.25 Due By May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10
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TITLE	DP <input type="checkbox"/> Delete
NAME	DAVIDSON, LINDA
STREET ADDRESS	3733 CAMINO WAY
CITY-STATE-ZIP	ORLANDO FL 32808

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	000000760484
STREET ADDRESS	05/25/07-80014-010 61.25
CITY-STATE-ZIP	

TITLE	VD <input type="checkbox"/> Delete
NAME	MORNING, GEORGE
STREET ADDRESS	4494 REAL CT
CITY-STATE-ZIP	ORLANDO FL 32808

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

TITLE	SD <input type="checkbox"/> Delete
NAME	JOHNSON, MARY LOU
STREET ADDRESS	4497 REAL CT
CITY-STATE-ZIP	ORLANDO FL 32808

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

TITLE	DT <input type="checkbox"/> Delete
NAME	DAVIDSON, LINDA
STREET ADDRESS	3733 CAMINO WAY
CITY-STATE-ZIP	ORLANDO FL 32808

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

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

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

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: <i>Linda Davidson</i>	<i>4/27/2007</i>	<i>(407) 298-3733</i>
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