## 2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 746496** 

Entity Name: CAMINO WOODS I HOMEOWNERS ASSOCIATION, INC.

**FILED** Apr 09, 2024 **Secretary of State** 4861344989CC

## **Current Principal Place of Business:**

C/O RESIDENTIAL MANAGEMENT CONCEPTS 806 SOUTH MILITARY TRAIL

DEERFIELD BEACH, FL 33442

## **Current Mailing Address:**

C/O RESIDENTIAL MANAGEMENT CONCEPTS 806 SOUTH MILITARY TRAIL DEERFIELD BEACH, FL 33442 US

FEI Number: 59-1930341 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

RESIDENTIAL MANAGEMENT CONCEPTS C/O RESIDENTIAL MANAGEMENT CONCEPTS 806 SOUTH MILITARY TRAIL DEERFIELD BEACH, FL 33442 US

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.

SIGNATURE: MARIE PALOMBI 04/09/2024

> Date Electronic Signature of Registered Agent

Officer/Director Detail:

Title DIRECTOR Title

Name GUZZI, SCOTT Name MULHOLLAND, WILLIAM

Address C/O RESIDENTIAL MANAGEMENT Address C/O RESIDENTIAL MANAGEMENT

**CONCEPTS CONCEPTS** 

806 SOUTH MILITARY TRAIL 806 SOUTH MILITARY TRAIL

DEERFIELD BEACH FL 33442 DEERFIELD BEACH FL 33442 City-State-Zip: City-State-Zip:

Title **TREASURER** Title **SECRETARY** AGHASSI, RICK Name BUSH, JERRY Name

C/O RESIDENTIAL MANAGEMENT C/O RESIDENTIAL MANAGEMENT Address Address

**CONCEPTS** CONCEPTS

806 SOUTH MILITARY TRAIL 806 SOUTH MILITARY TRAIL

DEERFIELD BEACH FL 33442 City-State-Zip: DEERFIELD BEACH FL 33442 City-State-Zip:

Title **PRESIDENT** Title **DIRECTOR** Name JAIME, PICACHE Name MURPHY, ED

C/O RESIDENTIAL MANAGEMENT C/O RESIDENTIAL MANAGEMENT Address Address

CONCEPTS CONCEPTS

806 SOUTH MILITARY TRAIL 806 SOUTH MILITARY TRAIL

DEERFIELD BEACH FL 33442 City-State-Zip: City-State-Zip: DEERFIELD BEACH FL 33442

Title DIRECTOR

Name HANNON, SANDY

Address C/O RESIDENTIAL MANAGEMENT

**CONCEPTS** 

806 SOUTH MILITARY TRAIL

DEERFIELD BEACH FL 33442 City-State-Zip:

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

04/09/2024 SIGNATURE: JAIME PICACHE PRESIDENT