

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Jan 13, 2009
Secretary of State**

DOCUMENT# 760084

Entity Name: CAMINO REAL OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

55 EDWARDS ROAD
CLIFTON, NJ 07013 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 4702
CLIFTON, NJ 070154702 US

New Mailing Address:

FEI Number: 59-2176567 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SMITH, BILL T., JR
980 NORTH FEDERAL HIGHWAY
SUITE 402
BOCA RATON, FL 33432 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: PAOLUCCI, JOAN
Address: 46 VILLAGE ROAD
City-St-Zip: CLIFTON, NJ 07013

Title: STD () Delete
Name: WITMER, LINDA
Address: 50 EDWARDS RD
City-St-Zip: CLIFTON, NJ 07013

Title: PD () Delete
Name: PAOLUCCI, J. DEAN
Address: 71 COUNTRY LANE
City-St-Zip: CLIFTON, NJ 07013

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: J DEAN PAOLUCCI

PD

01/13/2009

Electronic Signature of Signing Officer or Director

_____ Date