FILE NOW: FILING FEE IS $61.25

FILED
May 07 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **710979** **(6)**

1. Corporation Name

CAMILLE GARDENS NO. 1, INC.

Principal Place of Business	Mailing Address
2210 GLADIOLA DR LEHIGH ACRES FL 33972	2210 GLADIOLA DR LEHIGH ACRES FL 33972-4335

3. Date Incorporated or Qualified: **06/07/1966**
3a. Date of Last Report: **04/12/1996**

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / Country — 25 / Zip — 29 / Country — 30

4. FEI Number: **59-1226118** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

LEWIS, HELMAR
2210 GLADIOLA DR
LEHIGH ACRES FL 33972

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DVP	☒ DELETE	1.1 TITLE	DVP	☒ Change ☐ Addition
NAME	MANNING, HENRY		1.2 NAME	ROSSI, JOHN	
STREET ADDRESS	2206 GLADIOLA DRIVE		1.3 STREET ADDRESS	2203 GLADIOLA DRIVE	
CITY-ST-ZIP	LEHIGH ACRES, FL 00000		1.4 CITY-ST-ZIP	LEHIGH ACRES, FL. 33972	
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	FEJES, DOROTHY		2.2 NAME		
STREET ADDRESS	2214 GLADIOLA DR		2.3 STREET ADDRESS		
CITY-ST-ZIP	LEHIGH ACRES, FL 00000		2.4 CITY-ST-ZIP		
TITLE	AD	☒ DELETE	3.1 TITLE	AD	☒ Change ☐ Addition
NAME	SLAWSON, GERTRUDE		3.2 NAME	MANNING, ROBERTA	
STREET ADDRESS	2201 GLADIOLA DR.		3.3 STREET ADDRESS	2206 GLADIOLA DRIVE	
CITY-ST-ZIP	LEHIGH ACRES, FL 00000		3.4 CITY-ST-ZIP	LEHIGH ACRES, FL. 33972	
TITLE	TD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	LEWIS, HELMAR		4.2 NAME		
STREET ADDRESS	2210 GLADIOLA DR		4.3 STREET ADDRESS		
CITY-ST-ZIP	LEHIGH ACRES, FL 00000		4.4 CITY-ST-ZIP		
TITLE	S	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	SHEARER, DOROTHY		5.2 NAME		
STREET ADDRESS	2200 GLADIOLA DR.		5.3 STREET ADDRESS		
CITY-ST-ZIP	LEHIGH ACRES FL		5.4 CITY-ST-ZIP		
TITLE	PD	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	STELZER, JOHN		6.2 NAME		
STREET ADDRESS	2202 GLADIOLA DRIVE		6.3 STREET ADDRESS		
CITY-ST-ZIP	LEHIGH ACRES FL		6.4 CITY-ST-ZIP		

CR2E037 (9/96)

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address. JOHN H. STELZER

SIGNATURE: John H. Stelzer **REQUIRED** 4-22-97 941-369-6403
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0056111