FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 11, 1999 8:00 am
Secretary of State
03-11-1999 90253 014 ****61.25

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DOCUMENT # 710979

1. Corporation Name

CAMILLE GARDENS NO. 1, INC.

Principal Place of Business	Mailing Address
2210 GLADIOLA DR LEHIGH ACRES FL 33972 US	2210 GLADIOLA DR LEHIGH ACRES FL 33936

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualifed
21 2202 GLADIOLA DR	26 2202 GLADIOLA DR	06/07/1966
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-1226118 ☐ Applied For ☐ Not Applicable
City & State 23 LEHIGH ACRES, FL	City & State 28 LEHIGH ACRES, FL	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip / Country 24 33972 25 U.S	Zip / Country 29 33972 30 U.S	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

LEWIS, HELMAR
2210 GLADIOLA DR
LEHIGH ACRES FL 33936

10. Name and Address of New Registered Agent

81 Name: STELZER, JOHN
82 Street Address (P.O. Box Number is Not Acceptable): 2202 GLADIOLA DRIVE
83
84 City: LEHIGH ACRES FL 85 Zip Code: 33972

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: John H. Stelzer — JOHN H. STELZER — 3-8-99
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DVP	☐ DELETE	1.1 TITLE		☑ Change ☐ Addition
NAME	ROSSI, JOHN		1.2 NAME		
STREET ADDRESS	2203 GLADIOLA DRIVE		1.3 STREET ADDRESS		
CITY-ST-ZIP	LEHIGH ACRES, FL 00000		1.4 CITY-ST-ZIP	33972	
TITLE	D	☐ DELETE	2.1 TITLE	T/D	☑ Change ☑ Addition
NAME	STELZER, J		2.2 NAME		
STREET ADDRESS	2202 GLADIOLA DR		2.3 STREET ADDRESS		
CITY-ST-ZIP	LEHIGH ACRES, FL 00000		2.4 CITY-ST-ZIP	33972	
TITLE	S	☑ DELETE	3.1 TITLE	D	☐ Change ☑ Addition
NAME	MANNINE, R		3.2 NAME	ARENCIBIA, C.	
STREET ADDRESS	2206 GLADIOLA DRIVE		3.3 STREET ADDRESS	2204 GLADIOLA DR	
CITY-ST-ZIP	LEHIGH ACRES, FL 00000		3.4 CITY-ST-ZIP	LEHIGH ACRES, FL. 33972	
TITLE	TD	☑ DELETE	4.1 TITLE	D	☐ Change ☑ Addition
NAME	LEWIS, HELMAR		4.2 NAME	WEBER, GISELA	
STREET ADDRESS	2210 GLADIOLA DR		4.3 STREET ADDRESS	2211 GLADIOLA DR	
CITY-ST-ZIP	LEHIGH ACRES, FL 00000		4.4 CITY-ST-ZIP	LEHIGH ACRES, FL. 33972	
TITLE	PD	☐ DELETE	5.1 TITLE		☑ Change ☐ Addition
NAME	ARENCIBIA, J		5.2 NAME		
STREET ADDRESS	2204 GLADIOLA DR		5.3 STREET ADDRESS		
CITY-ST-ZIP	LEHIGH ACRES FL		5.4 CITY-ST-ZIP	33972	
TITLE	AD	☐ DELETE	6.1 TITLE	S/D	☑ Change ☐ Addition
NAME	SHEARER, D		6.2 NAME		
STREET ADDRESS	2202 GLADIOLA DRIVE		6.3 STREET ADDRESS	2200 GLADIOLA DR	
CITY-ST-ZIP	LEHIGH ACRES FL		6.4 CITY-ST-ZIP	33972	

CR2E037 (11/98)

14. I 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, with all other like empowered.

SIGNATURE: /s/ SIGNATURE REQUIRED — 3-7-99 — (941) 368-9577
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #