2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2005 8:00 am
Secretary of State
04-08-2005 90026 030 ****61.25

DOCUMENT # 710979

1. Entity Name
CAMILLE GARDENS NO. 1, INC.

Principal Place of Business	Mailing Address
1663 COUNTRY CLUB PKWY LEHIGH ACRES, FL 33972 US	2211 GLADIOLA DR LEHIGH ACRES, FL 33972 US

03212005 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
2203 Gladiola DR	2203 GLADIOLA DR
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: LEHIGH ACRES, FLORIDA	City & State: LEHIGH ACRES, FLORIDA
Zip: 33972 Country: US	Zip: 33972 Country: US

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

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HERMANN, BECKER 1663 COUNTRY CLUB PKWY LEHIGH ACRES, FL 33972	Name: CROSSE; BOBBETTE Street Address (P.O. Box Number is Not Acceptable): 2203 GLADIOLA DR City: LEHIGH ACRES FL Zip Code: 33972

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: BOBBETTE CROSSE V / D — DATE: April 01, 2005
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2005

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD BECKER, HERMANN 1663 COUNTRY CLUB PKWY LEHIGH ACRES, FL 33972	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V / T / D CROSSE; BOBBETTE 2203 GLADIOLA DR LEHIGH ACRES, FL. 33972	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LINK, GARY L 17 CLAVIN AVE. LEHIGH ACRES, FL 33936	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CANE; HOWARD 2204 GLADIOLA DR LEHIGH ACRES, FL. 33972	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD WEBER, GISELA 2211 GLADIOLA DR LEHIGH ACRES, FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WEBER; GISELA 2211 GLADIOLA DR LEHIGH ACRES; FL. 33972	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD BECKER, HERMANN 1663 COUNTRY CLUB PKWY LEHIGH ACRES, FL 33972	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S/D CUSTER, MARY LOU 2210 GLADIOLA DR LEHIGH ACRES, FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D RUOCCO, JUTTA 2206 GLADIOLA DR. LEHIGH ACRES, FL 33972	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. 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 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: Bobbette Crosse — 4/1/05 — 239-303-1594
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #