2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2007 08:00 AM
Secretary of State

DOCUMENT # 710979

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

Principal Place of Business	Mailing Address
2207 GLADIOLA DR LEHIGH ACRES, FL 33972 US	2207 GLADIOLA DR LEHIGH ACRES, FL 33972 US

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01072007 No Chg-NP CR2E037 (4/06)

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

WATSON, MARGARET
2207 GLADIOLA DR
LEHIGH ACRES, FL 33972

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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 _____ DATE
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, 2007

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	CROSSE, BOBBETTE
STREET ADDRESS	2203 GLADIOLA DR
CITY-ST-ZIP	LEHIGH ACRES, FL 33972
TITLE	D
NAME	WATSON, MARGARET
STREET ADDRESS	2203 GLADIOLA DR
CITY-ST-ZIP	LEHIGH ACRES, FL 33972
TITLE	D
NAME	WEBER, GISELA
STREET ADDRESS	2211 GLADIOLA DR
CITY-ST-ZIP	LEHIGH ACRES, FL 33972
TITLE	S
NAME	SAPATA, LINDA
STREET ADDRESS	2201 GLADIOLA DR
CITY-ST-ZIP	LEHIGH ACRES, FL 33972
TITLE	D
NAME	RUOCCO, JUTTA
STREET ADDRESS	2206 GLADIOLA DR.
CITY-ST-ZIP	LEHIGH ACRES, FL 33972
TITLE	P
NAME	GONZALEZ, CLAUDIA
STREET ADDRESS	2209 GLADIOLA DR
CITY-ST-ZIP	LEHIGH ACRES, FL 33972

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01/11/07-80019-001 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Margaret Watson Margaret Watson 1-7-07 (239)369-4668
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #