

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 05, 2004 8:00 am
Secretary of State

04-05-2004 90391 050 ****61.25

DOCUMENT # 742415

1. Entity Name

CAMDEN B CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

**49 CAMDEN B
CENTURY VILLAGE
WEST PALM BEACH FL 33417**

Mailing Address

**49 CAMDEN B
CENTURY VILLAGE
WEST PALM BEACH FL 33417**

64003001



MOORE CR2E037 (11/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1634332

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**BALMER, WILLIAM
49 CAMDEN B
CENTURY VILLAGE
WEST PALM BEACH FL 33417**

Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2004**

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	PD	<input type="checkbox"/> Delete
NAME	BALMER, WILLIAM	
STREET ADDRESS	49 CAMDEN B, CENTURY VILLAGE	
CITY-ST-ZIP	WEST PALM BEACH FL 33417	
TITLE	TD	<input type="checkbox"/> Delete
NAME	GRESACK, MARCIA	
STREET ADDRESS	30 CAMDEN B CENTURY VILLAGE	
CITY-ST-ZIP	WEST PALM BEACH FL 33417	
TITLE	VD	<input type="checkbox"/> Delete
NAME	CORNEROLI, EUGENE	
STREET ADDRESS	34 CAMDEN B, CENTURY VILLAGE	
CITY-ST-ZIP	WEST PALM BEACH FL 33417	
TITLE	D	<input type="checkbox"/> Delete
NAME	SOKALSKI, BILL	
STREET ADDRESS	48 CAMDEN B CENTURY VILLAGE	
CITY-ST-ZIP	WEST PALM BEACH FL 33417	
TITLE	SD	<input type="checkbox"/> Delete
NAME	STERN, IDA	
STREET ADDRESS	CAMDEN B 32 CEN VILL	
CITY-ST-ZIP	W PALM BCH FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	FITZGERALD, JOAN	
STREET ADDRESS	50 CAMDEN B CENTURY VILLAGE	
CITY-ST-ZIP	WEST PALM BEACH FL 33417	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: William R. Balmer 3/31/04 561-4409020
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #