

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 24, 2000 8:00 am**  
**Secretary of State**

01-24-2000 90080 025 \*\*\*\*61.25

**DOCUMENT # 742420**

1. Entity Name

**CAMDEN L CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

279 CAMDEN L  
 W PALM BEACH FL 33417-2057

279 CAMDEN L  
 W PALM BEACH FL 33417-2057

C0009876



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1635141

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

SCHWARTZ, JULIA  
 279 CAMDEN L  
 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.

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**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to  
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PDS	<input type="checkbox"/> Delete
NAME	SCHWARTZ, JULIA	
STREET ADDRESS	279 CAMDEN L	
CITY-ST-ZIP	W PALM BEACH FL 33417-2057	
TITLE	VD	<input type="checkbox"/> Delete
NAME	GROTTINI, RAYMOND	
STREET ADDRESS	280 CAMDEN L	
CITY-ST-ZIP	W PALM BEACH FL 33417-2057	
TITLE	TD	<input type="checkbox"/> Delete
NAME	FRIEDMAN, DOROTHY	
STREET ADDRESS	269 CAMDEN L	
CITY-ST-ZIP	W PALM BEACH FL 33417-2055	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

*Julia Schwartz, President*      **JULIA SCHWARTZ**  
 01/17/2000      561-683-2170

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CFR2E037 (9/99)