FILED 2002 UNIFORM BUSINESS REPORT (UBR) May 06, 2002 8:00 am § Secretary of State **DOCUMENT # 742420** 1. Entity Name 05-06-2002 90272 014 ****70.00 CAMDEN L CONDOMINIUM ASSOCIATION, INC. Principal Place of Business Mailing Address 270 CAMDEN L 270 CAMDEN L 270 WEST PALM BEACH FL 33417-2057 WEST PALM BEACH FL 33417-2057 2. Principal Place of Business 🧳 Mailing Address DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For wes1 59-1635141 F۷ West PALM BRACH Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DA N NStreet Address (P.O. Box Number is Not Acceptable) DAVIS, SAM 270 CAMDEN L CAMDEN WEST PALM BEACH FL 33417 City 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. ACK DANNIEL 9. Election Campaign Financing \$5.00 May Be 3 Make Check Payable to FILE NOW: FEE IS \$61.25 П Trust Fund Contribution Added to Fees Department of State 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. PDS TITLE Delete TITLE PRESIDENT Change ☐ Addition NAME DAVIS, SAM DANNIEL NAME JACK STREET ADDRESS 270 CAMDEN L STREET ADDRESS CAMDEN: CITY-ST-ZIP WEST PALM BEACH FL 33417 CITY-ST-ZIP est PALM BEACH, FL 334*17-2057* TITLE Delete TITLE VICE PRESIDENT Change NAME Brandone, John Phil SciOTTO 278 CAMDE STREET ADDRESS 277 CAMDEN L STREET ADDRESS CAMDEN CITY-ST-ZIP WEST PALM BEACH FL 33417 CITY-ST-ZIP PALM BOACH, FL 33417-2057 TITLE □ Del<u>ete</u>. Change ____ Addition= iiila 💳 FRIEDMAN, DOROTHY_ NAME NAME STREET ADORESS 269 CAMDEN L STREET ADDRESS 10 CITY-ST-ZIP W PALM BEACH FL 33417;2055 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

SIGNATURE:

changed, or on an attachment with an address, with all other like empowered.