


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

**FILED**  
**Feb 12, 2004 8:00 am**  
**Secretary of State**

02-12-2004 90024 016 \*\*\*\*70.00

**DOCUMENT # 742420**  
 1. Entity Name  
**CAMDEN L CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business      Mailing Address  
**279 CAMDEN L**      **279 CAMDEN L**  
**270**      **270**  
**WEST PALM BEACH FL 33417-2057**      **WEST PALM BEACH FL 33417-2057**

2. Principal Place of Business      3. Mailing Address  
**278 CAMDEN (L)**      **278 CAMDEN (L)**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.



MOORE CR2E037 (11/03)

City & State      City & State  
**WEST PALM BEACH FL.**      **WEST PALM BEACH**  
 Zip      Country      Zip      Country  
**33417**      **PALM BEACH**      **33417**      **PALM BEACH**

4. FEI Number      Applied For  
**59-1635141**      Not Applicable

5. Certificate of Status Desired       \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
**DANNIEL, JACK**  
**279 CAMDEN L**  
**WEST PALM BEACH FL 33417-2057**

7. Name and Address of New Registered Agent  
 Name  
**FELICE (AKA PHIL) SCIOTTO**  
 Street Address (P.O. Box Number is Not Acceptable)  
**278 CAMDEN (L)**  
 City      State      Zip Code  
**WEST PALM BEACH**      **FL**      **33417**

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 *Felice Sciotto* **FELICE SCIOTTO**      02-09-04  
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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DANNIEL, JACK 279 CAMDEN L WEST PALM BEACH FL 33417-2057 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SCIOTTO, PHIL 278 CAMDEN L WEST PALM BEACH FL 33417-2057 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD FRIEDMAN, DOROTHY 269 CAMDEN L W PALM BEACH FL 33417-2055 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FELICE SCIOTTO 278 CAMDEN L WEST PALM BEACH FL. 33417 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CHARLES VILLENEUVE 288 CAMDEN L WEST PALM BEACH FL. 33417 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD RAYNOR DANIEL 277 CAMDEN L WEST PALM BEACH FL. 33417 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD JUDY KRUGMAN 287 CAMDEN L WEST PALM BEACH FL. 33417 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Felice Sciotto* **FELICE SCIOTTO**      02-09-04 (56) 683-1422  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #