


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT


FILED
Mar 29, 2007 08:00 A
Secretary of State

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



Principal Place of Business Mailing Address
282 CAMDEN L **282 CAMDEN L**
WEST PALM BEACH, FL 33417 **WEST PALM BEACH, FL 33417**

DO NOT WRITE IN THIS SPACE



03212007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-1635141	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
MOSIER, ALICE V
282 CAMDEN L
WEST PALM BEACH, FL 33417

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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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

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 NAME STREET ADDRESS CITY-ST-ZIP	PD MOSIER, ALICE V 282 CAMDEN L WEST PALM BEACH, FL 33417
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SCIOTTO, FELICE 278 CAMDEN L WEST PALM BEACH, FL 33417
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CONWAY, DONALD 266 CAMDEN L WEST PALM BEACH, FL 33417
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MCKENNA, ALEKSANDRA 267 CAMDEN L WEST PALM BEACH, FL 33417
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 04/05/07-80046-008 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: *Alice V. Mosier, Pres.* **ALICE V. MOSIER** *3/26/07* *616-5557*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #