


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

FILED
May 04, 2004 8:00 am
Secretary of State

05-04-2004 90139 038 ****61.25

DOCUMENT # N00000007624	
1. Entity Name LAKE CAMILLE CONDOMINIUM HOMEOWNERS ASSOCIATION, INC.	

Principal Place of Business PO BOX 985 LEHIGH ACRES FL 33970	Mailing Address PO BOX 985 LEHIGH ACRES FL 33970
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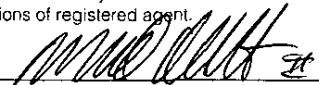
2. Principal Place of Business 530 Construction Ln	3. Mailing Address P.O. Box 1058
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Lehigh Acres FL	City & State Lehigh Acres, FL
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Zip 33936	Country USA	Zip 33970	Country USA
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6. Name and Address of Current Registered Agent PETERS, ROBERT D 5878 ELIZABETH ANN WAY FORT MYERS FL 33912	7. Name and Address of New Registered Agent Name Richard DeBoest II Street Address (P.O. Box Number is Not Acceptable) DeBoest, Knudsen, Stockman 1415 Hendry Street City Ft. Myers FL Zip Code 33901
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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.

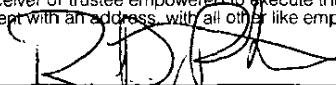
SIGNATURE  **RICHARD DEBOEST II** DATE **4-19-2004**

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

FILE NOW: FEE IS \$61.25 Due By May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT PETERS, MICHAEL S 1663 CHESHIRE CIR S LEHIGH ACRES FL 33936 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS PETERS, ROBERT D 5878 ELIZABETH ANN WAY FT MYERS FL 33912 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOUTHILLIER, DON 2221 E 5TH ST #22 LEHIGH ACRES FL 33972 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT McNew, Elizabeth 5878 Elizabeth Ann Way Ft. Myers, FL 33912 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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:  **Robert D. Peters** DATE **4-21-04** (239) 368-6741

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR