2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000007624

FILED Mar 24, 2006 Secretary of State

Entity Name: LAKE CAMILLE CONDOMINIUM HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

2180 W. ST. RD. 434 SUITE 5000 LONGWOOD, FL 327795044

Current Mailing Address: New Mailing Address:

2180 W. ST. RD. 434 SUITE 5000 LONGWOOD, FL 327795044

FEI Number: 16-1666674 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

DEBOEST, RICHARD II
DEBOEST, KNUDSEN, STOCKMAN
1415 HENDRY STREET
FORT MYERS, FL 33901 US

HART, JAMES W JR
SENTRY MANAGEMENT INC
2180 W SR 434 STE 5000
LONGWOOD, FL 32779 US

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.

Title:

STD

SIGNATURE: JAMES W HART JR 03/24/2006

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

PD

() Delete

Title:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change () Addition

Title: VD () Delete Title: VPD (X) Change () Addition Name: PETERS, MICHAEL S Name: JONES, DARLENE Address: 1663 CHESHIRE CIR S Address: 1217 HANCOCK B22

Address. 1663 CHESHIRE CIR'S Address. 1217 HANCOCK B22
City-St-Zip: LEHIGH ACRES, FL 33936 City-St-Zip: CAPE CORAL, FL 33990

 Name:
 PETERS, ROBERT D
 Name:
 JORDAN, KEVIN

 Address:
 5878 ELIZABETH ANN WAY
 Address:
 2201 E 5TH ST #25

 City-St-Zip:
 FT MYERS, FL 33912
 City-St-Zip:
 LEHIGH ACRES, FL 33972

Title: STD () Delete Title: PD (X) Change () Addition

 Name:
 LEVINE, ROBIN
 Name:
 LEVINE, ROBIN

 Address:
 312 TRUMAN AVENUE
 312 TRUMAN AVENUE

 City-St-Zip:
 LEHIGH ACRES, FL 33972
 City-St-Zip:
 LEHIGH ACRES, FL 33972

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBIN LEVINE PD 03/24/2006