2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 25, 2005 8:00 am
Secretary of State
04-25-2005 90225 029 ****61.25

DOCUMENT # N04000010945

1. Entity Name

CAMPFIELD MASTER HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business	Mailing Address
5210 BELFORT ROAD SUITE 400 JAKCOSNVILLE FL 32256	5210 BELFORT ROAD SUITE 400 JAKCOSNVILLE FL 32256

1st MOORE CR2E037 (10/04)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 65-1242006 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MAY MANAGEMENT SERVICES, INC. 10036 SAWGRASS DRIVE, WEST SUITE 1 PONTE VEDRA BEACH FL 32082	Name Sterling Management Street Address (P.O. Box Number is Not Acceptable) 6320 St. Augustine Road Suite 6B City Jacksonville, FL FL Zip Code 32217

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 Joe Haobsh Joe Haobsh Property Manager 3-22-05
(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, 2005

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD SMITH, DAVID A 5210 BELFORT ROAD, SUITE 400 JAKCOSNVILLE FL 32256	☐ Delete	P Bill Genovese 5210 Belfort Road, Suite 400 Jacksonville, FL 32256	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD FAVARA, DINO 5210 BELFORT ROAD, SUITE 400 JAKCOSNVILLE FL 32256	☐ Delete	V Bill Watson 5210 Belfort Road, Suite 400 Jacksonville, FL 32256	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD SCHAEDEL, LINDA 5210 BELFORT ROAD, SUITE 400 JAKCOSNVILLE FL 32256	☐ Delete	T, S Audrey Masters 5210 Belfort Road, Suite 400 Jacksonville, FL 32256	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ 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: Bill Genovese Bill Genovese 3-23-05 904-425-6447
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #