542

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2006 8:00 am
Secretary of State
03-29-2006 90127 045 ****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

01182006 Chg-NP CR2E037 (11/05)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc. 6B
City & State	City & State Jacksonville, FL
Zip / Country	Zip 32217 / Country Duval

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
STERLING MANAGEMENT 6320 ST AUGUSTINE RD. SUITE 6B JACKSONVILLE, FL 32217	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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

Filing Fee is $61.25
Due by May 1, 2006

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	P GENOUESE, BILL 5210 BELFORT ROAD, SUITE 400 JAKCOSNVILLE, FL 32256	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V WATSON, BILL 5210 BELFORT ROAD, SUITE 400 JAKCOSNVILLE, FL 32256	☒ Delete	TITLE VP NAME Rick Covell STREET ADDRESS 5210 Belfort Rd. ste 400 CITY-ST-ZIP Jacksonville, FL 32256		☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TS MASTERS, AUDREY 5210 BELFORT ROAD, SUITE 400 JAKCOSNVILLE, FL 32256	☒ Delete	TITLE ST NAME Vicki Bearfield STREET ADDRESS 5210 Belfort Rd. ste 400 CITY-ST-ZIP Jacksonville, FL 32256		☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: Bill Genouese 1-23-06 904-425-6447
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #