2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2007 8:00 am
Secretary of State
04-13-2007 90188 027 ****61.25

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1. Entity Name
CAMPFIELD MASTER HOMEOWNERS' ASSOCIATION, INC.

60036350

Principal Place of Business	Mailing Address
5210 BELFORT ROAD SUITE 400 JAKCOSNVILLE, FL 32256	6320 ST. AUGUSTINE RD # 6 B JACKSONVILLE, FL 32217

03302007 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
11555 CENTRAL PARKWAY	11555 CENTRAL PARKWAY
Suite, Apt. #, etc.: 603	Suite, Apt. #, etc.: 603
City & State: JACKSONVILLE, FL	City & State: JACKSONVILLE, FL
Zip: 32224 Country: DUVAL	Zip: 32224 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): 11555 CENTRAL PARKWAY STE 603 City: JACKSONVILLE FL Zip Code: 32224

NEW ADDRESS →

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

Filing Fee is $61.25
Due by May 1, 2007

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	P JIMMY FOX 11213 Campfield Circle Jacksonville, FL 32256	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP COVELL, RICK 5210 BELFORT RD, STE 400 JACKSONVILLE, FL 32256	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V Patricia Terry 11251 Campfield Dr 2404 Jacksonville, FL 32256	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST BRATVOLD, VICKI 5210 BELFORT RD, STE 400 JACKSONVILLE, FL 32256	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S Joshua Edwards 11251 Campfield Dr 4303 Jacksonville, FL 32256	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T Michael Neyraser 11584 Campfield Circle Jacksonville, FL 32256	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Suzanne Marshall 11263 Campfield Circle Jacksonville, FL 32256	☐ 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: _____ 4-2-07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #