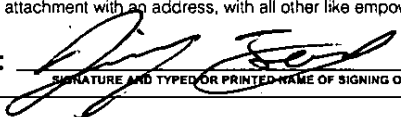


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2008 8:00 am
Secretary of State

04-18-2008 90044 011 ****61.25

DOCUMENT # N04000010945 1. Entity Name CAMPFIELD MASTER HOMEOWNERS' ASSOCIATION, INC.					
Principal Place of Business 11555 CENTRAL PKWY SUITE 603 JACKSONVILLE, FL 32224			Mailing Address 11555 CENTRAL PKWY SUITE 603 JACKSONVILLE, FL 32224		
2. Principal Place of Business - No P.O. Box #		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 STERLING MANAGEMENT 11555 CENTRAL PKWY STE 603 JACKSONVILLE, FL 32224			7. Name and Address of New Registered Agent Name Ron Cotterill Street Address (P.O. Box Number is Not Acceptable) 1010 N. Florida Ave. City Tampa FL Zip Code 33602		
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  Ronald E. COTTERILL DATE 4-9-08 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, 2008		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 FOX, JIMMY 11213 CAMPFIELD CIR JACKSONVILLE, FL 32256	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V TERRY, PATRICK 11251 CAMPFIELD DR 2404 JACKSONVILLE, FL 32256	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S EDWARDS, JOSHUA 11251 CAMPFIELD DR 4303 JACKSONVILLE, FL 32256	☒ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T NEUISER, MICHAEL 11584 CAMPFIELD CIR JACKSONVILLE, FL 32256	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARSHALL, SUZANNE 11263 CAMPFIELD CIR JACKSONVILLE, FL 32256	☒ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Patricia Terry	☒ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Sandra Graham 11251 Campfield Dr #1308 Jacksonville FL 32256	☒ Change ☒ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Member at Large	☒ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T. Robert Lawless 11251 Campfield Dr #2303 Jacksonville FL 32256	☐ Change ☒ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	☐ 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:  4-3-08 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

40072266



02112008 Chg-NP CR2E037 (12/06)