2002 UNIFORM BUSINESS REPORT (UBR)

Mar 28, 2002 8:00 am Secretary of State **DOCUMENT # N18709** 1. Entity Name 03-28-2002 90362 006 ****61.25 CAMDEN E CONDOMINIUM ASSOCIATION, INC. Principal Place of Business Mailing Address C/O JOHN ZWICK C/O ELEANOR CREEGAN 111 CAMDEN E 107 CAMDEN E WEST PALM BEACH FL 33417 WEST PALM BEACH FL 33417 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-1635364 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) ZWICK, JOHN 111 CAMDEN E WEST PALM BEACH FL 33417 City Zip Code 3 2 84 1 23 47 18 C FL 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable DATE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: FEE IS \$61.25 П Trust Fund Contribution. Added to Fees **Department of State** 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE TITLE ☐ Addition ☐ Delete NAME ZWICK, JOHN NAME STREET ADDRESS STREET ADDRESS 111 CAMDEN E CITY-ST-ZIP CITY-ST-ZIP West Palm Beach Fl. 33417 TITLE Change ☐ Addition TITLE □ Delete NAME ALEXANDER, GLORIA NAME STREET ADDRESS 95-CAMDEN-E----STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WEST PALM BEACH FL 33417 ☐ Delete ☐ Change ☐ Addition TITLE NAME CREEGAN, ELEANOR NAME STREET ADDRESS STREET ADDRESS CAMDEN E107 CITY-ST-ZIP CITY-ST-ZIP WEST PALM BEACH FL 33417 TITLE ☐ Delete ☐ Addition TITLE ☐ Change NAME CREEGAN, ELEANOR NAME STREET ADDRESS STREET ADDRESS 107 CAMDEN E CITY-ST-ZIP CITY-ST-7IP WEST PALM BEACH FL 33417 ☐ Delete TITLE Change ☐ Addition NAME FUSCO, ALPHONSO NAME STREET ADDRESS STREET ADDRESS 94 CAMDEN E CITY-ST-ZIP CITY-ST-7IP <u>West Palm</u> Beach FL 33417 TITLE ☐ Delete Change ☐ Addition TITLE NAME DINOZZI, TONI NAME STREET ADDRESS STREET ADDRESS CAMDEN E108 WEST PALM BEACH FL 33417

12. Libereby 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 indicated on this report at 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 the corporation or an attachment with an address, with all other like empowered.

...changed, or on an attachment with an address, with all other like empowered. ELEANOR

SIGNATURE:

FILED

3/15/02 (361)697-9646