

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 11, 2004 8:00 am
Secretary of State

02-11-2004 90039 029 ****61.25

DOCUMENT # N18709

1. Entity Name

CAMDEN E CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

C/O GLORIA ALEXANDER
95 CAMDEN E
WEST PALM BEACH FL 33417
US

Mailing Address

C/O ELEANOR CREEGAN
107 CAMDEN E
WEST PALM BEACH FL 33417
US

2. Principal Place of Business

3. Mailing Address

90 EDMUND COLWELL

Suite, Apt. #, etc.

99 CAMDEN E

Suite, Apt. #, etc.

City & State

WEST PALM BCH. FL

City & State

Zip

33417

Country

USA

Zip

Country

4. FEI Number

59-1635364

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

MOORE

CR2E037 (11/03)



6. Name and Address of Current Registered Agent

ALEXANDER, GLORIA
95 CAMDEN E
WEST PALM BEACH FL 33417

7. Name and Address of New Registered Agent

Name

EDMUND COLWELL

Street Address (P.O. Box Number is Not Acceptable)

99 CAMDEN E

City

WEST PALM BCH

FL

Zip Code

33417

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

Edmund Colwell

PRES.

2/1/04

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, 2004

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

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	ALEXANDER, GLORIA	
STREET ADDRESS	95 CAMDEN E	
CITY-ST-ZIP	WEST PALM BEACH FL 33417	
TITLE	VP	<input type="checkbox"/> Delete
NAME	SCHIFFMAN, NETTIE	
STREET ADDRESS	113 CAMDEN E	
CITY-ST-ZIP	WEST PALM BEACH FL 33417	
TITLE	T	<input type="checkbox"/> Delete
NAME	CREEGAN, ELEANOR	
STREET ADDRESS	CAMDEN E107	
CITY-ST-ZIP	WEST PALM BEACH FL 33417	
TITLE	S	<input type="checkbox"/> Delete
NAME	CREEGAN, ELEANOR	
STREET ADDRESS	107 CAMDEN E	
CITY-ST-ZIP	WEST PALM BEACH FL 33417	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	FERAZZOLI, THOMAS	
STREET ADDRESS	94 CAMDEN E	
CITY-ST-ZIP	WEST PALM BEACH FL 33417	
TITLE	D	<input type="checkbox"/> Delete
NAME	DINOZZI, TONI	
STREET ADDRESS	CAMDEN E108	
CITY-ST-ZIP	WEST PALM BEACH FL 33417	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PRESIDENT	
STREET ADDRESS	EDMUND COLWELL	
CITY-ST-ZIP	99 CAMDEN E	
	WEST PALM BCH FL 33417	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOROTHY MURRAY	
STREET ADDRESS	94 CAMDEN E	
CITY-ST-ZIP	WEST PALM BEACH FL 33417	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

Edmund Colwell

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/1/04 (561) 615-8262