

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2007 8:00 am
Secretary of State

04-09-2007 90096 045 ****61.25

DOCUMENT # N18709 1. Entity Name CAMDEN E CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business C/O EDMUND COLWELL 99 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 - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address 99 EDMUND COLWELL Suite, Apt. #, etc. 99 CAMDEN E City & State WEST PALM BEACH FL Zip Country 33417 US			
4. FEI Number 59-1635364		Applied For ☐ Not Applicable			
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent COLWELL, EDMUND 99 CAMDEN E WEST PALM BEACH, FL 33417			7. Name and Address of New Registered Agent 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 EDMUND COLWELL <i>Edmund Colwell</i> 4/4/07 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	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CAHILL, DONALD 96 CAMDEN E WEST PALM BEACH, FL 33417	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAROCCO, GEORGE 112 CAMDEN E WEST PALM BEACH, FL 33417	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DOW, BARBARA 114 CAMDEN E WEST PALM BEACH, FL 33417	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CREEGAN, ELEANOR 107 CAMDEN E WEST PALM BEACH, FL 33417	☒ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHIFFMANN, NETTIE 113 CAMDEN E WEST PALM BEACH, FL 33417	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MARY ANN SINICROPI 93 CAMDEN E WEST PALM BEACH FL 33417	☐ Change ☒ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	☐ 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: <i>Edmund Colwell</i> PRESIDENT SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				4/4/07 561/615-8262 Date Daytime Phone #	