


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2005 8:00 am
Secretary of State

03-14-2005 90098 018 ****61.25

DOCUMENT # 712062			
1. Entity Name CAMILLE GARDENS NO. 3, INC.			
Principal Place of Business 502 GERALD AVENUE LEHIGH ACRES, FL 33972		Mailing Address 1100 HOMESTEAD RD. N LEHIGH ACRES, FL 33936 US	
2. Principal Place of Business % LANDEX INTL Corp Suite, Apt. #, etc. 1100 HOMESTEAD RD, N City & State LEHIGH ACRES, FL Zip 33936 Country USA.		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country	
6. Name and Address of Current Registered Agent SEIDEL, FRED R 1100 HOMESTEAD RD. N LEHIGH ACRES, FL 33936		7. Name and Address of New Registered Agent Name FRED R. SEIDEL, CAM/CHA Street Address (P.O. Box Number is Not Acceptable) % LANDEX INTL Corporation 1100 HOMESTEAD RD, N City LEHIGH ACRES FL Zip 33936	
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, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KING, LEANDRE 502 GERALD AVE. LEHIGH ACRES, FL 33972 <input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LEPOLA, TOM 500 GERALD AVE LEHIGH ACRES, FL 33972 <input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MOIR, LILA 2206 GARDENIA WAY LEHIGH ACRES, FL 33972 <input checked="" type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BUYAK, WILLIAM P 2210 GARDENIA WAY LEHIGH ACRES, FL 33972 <input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BUYAK, MELVALYN H 2210 GARDENIA WAY LEHIGH ACRES, FL 33972 <input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TO MELVALYN BUYAK 2210 GARDENIA WAY LEHIGH ACRES, FL 33972 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Leanore King 502 Gerald Ave Lehigh Acres, FL 33972 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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: LEANORE KING PRESIDENT		Date 3/10/05	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	

50025433



01242005 Chg-NP CR2E037 (10/03)

4. FEI Number
59-1285631

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required