2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 05, 2009
Secretary of State

DOCUMENT# 712062

Entity Name: CAMILLE GARDENS NO. 3, INC.

Current Principal Place of Business:

C/O LANDEX RESORTS INT'L
1100 HOMESTEAD RD N
LEHIGH ACRES, FL 33936

New Principal Place of Business:

Current Mailing Address:

1100 HOMESTEAD RD. N
LEHIGH ACRES, FL 33936 US

New Mailing Address:

FEI Number: 59-1285631 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WILLIAMS, DARLENE CAM
C/O ANDEX RESORTS INTL
1100 HOMESTEAD RD. N.
NLEHIGH ACRES, FL 33936y US

Name and Address of New Registered Agent:

WILLIAMS, DARLENE CAM
C/O LANDEX RESORTS INTL
1100 HOMESTEAD RD. N.
LEHIGH ACRES, FL 33936 US

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: DARLENE MINKO, CAM 02/05/2009
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: VD ( ) Delete
Name: LEPOLA, THOMAS
Address: 200 GERALD AVE
City-St-Zip: LEHIGH ACRES, FL 33972

Title: PD ( ) Delete
Name: LEANORE, KING
Address: 502 GERALD AVE
City-St-Zip: LEHIGH ACRES, FL 33972

Title: STD ( ) Delete
Name: BUYAK, WILLIAM P
Address: 2210 GARDENIA WAY
City-St-Zip: LEHIGH ACRES, FL 33972

Title: D ( ) Delete
Name: BIDDLE, JANICE
Address: 2215 GARDENIE WAY
City-St-Zip: LEHIGH ACRES, FL 33972

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change ( ) Addition
Name: BUYAK, WILLIAM P
Address: 2210 GARDENIA WAY
City-St-Zip: LEHIGH ACRES, FL 33972

Title: TD (X) Change ( ) Addition
Name: BIDDLE, JANICE
Address: 2215 GARDENIE WAY
City-St-Zip: LEHIGH ACRES, FL 33972

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LEANORE KING PD 02/05/2009
Electronic Signature of Signing Officer or Director — Date