

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 713641

FILED
Apr 26, 2009
Secretary of State

Entity Name: CAMILLE GARDENS NO. 5, INC.

Current Principal Place of Business:

2215 ORCHID RD
LEHIGH ACRES, FL 339700612

New Principal Place of Business:

Current Mailing Address:

PO BOX 612
LEHIGH ACRES, FL 339700612

New Mailing Address:

FEI Number: 59-1288475

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KRZMARZICK, BRIAN L
2215 ORCHID RD
LEHIGH ACRES, FL 33972 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: TD () Delete
Name: FEHRENBACH, DOROTHY
Address: 21401 PALM BEACH BLVD
City-St-Zip: ALVA, FL 33920

Title: D () Delete
Name: BUCHOLTZ, FRED
Address: 2212 ORCHID RD
City-St-Zip: LEHIGH ACRES, FL 33972

Title: D () Delete
Name: GARNER, STEVE
Address: 2202 E 6TH STREET
City-St-Zip: LEHIGH ACRES, FL 33972

Title: D () Delete
Name: AMAN, EDMUND
Address: 2202 E 6TH ST.
City-St-Zip: LEHIGH ACRES, FL 33972

Title: SD () Delete
Name: STARKES, JAMES
Address: 2214 E. 6TH STREET
City-St-Zip: LEHIGH ACRES, FL 33972

Title: PD () Delete
Name: KREGER, JAMES L
Address: 2212 E 6TH STREET
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: () Change () Addition
Name:
Address:
City-St-Zip:

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

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

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

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: BRIAN KRZMARZICK

RA

04/26/2009

Electronic Signature of Signing Officer or Director

Date