

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 713641

FILED
Mar 30, 2011
Secretary of State

Entity Name: CAMILLE GARDENS NO. 5, INC.

Current Principal Place of Business:

2212 E 6TH STREET
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:

KREGER, JAMES L
2212 E 6TH STREET
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
Name: HARPER, LAURA
Address: 2209 ORCHID RD
City-St-Zip: LEHIGH ACRES, FL 33972

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

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

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

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

Title: PD
Name: KREGER, JAMES L
Address: 2212 E 6TH STREET
City-St-Zip: LEHIGH ACRES, FL 33972

I hereby 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 all other like empowered.

SIGNATURE: LAURA HARPER

TD

03/30/2011

Electronic Signature of Signing Officer or Director

Date