

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 716416

FILED
Apr 01, 2009
Secretary of State

Entity Name: CAMELLIA GARDENS CONDOMINIUM, INC.

Current Principal Place of Business:

5031 W OAKLAND PARK BLVD
LAUDERDALE LAKES, FL 33313

New Principal Place of Business:

Current Mailing Address:

CAMELLIA GARDENS ASSOC.
5031 W. OAKLAND PK. BLVD
LAUDERDALE LAKES, FL 33313

New Mailing Address:

FEI Number: 59-1372653

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FEROD, GINA
5031 W OAKLAND PARK C311
LAUDERDALE LAKES, FL 33313 US

Name and Address of New Registered Agent:

FEROZE, GINA
5031 W OAKLAND PARK C311
LAUDERDALE LAKES, FL 33313 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: GINA FEROZE

04/01/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: KIRKMAN, B MRS
Address: 5031 WEST OAKLAND BLVD C205
City-St-Zip: LAUDERDALE LAKES, FL 33313

Title: P () Delete
Name: HAMILTON, GEORGE
Address: 5031 WEST OAKLAND PARK BLVD C109
City-St-Zip: LAUDERDALE LAKES, FL 33313

Title: D () Delete
Name: LINA, BORIO
Address: 5031 W OAKLAND PK BLVD APT. 310-C
City-St-Zip: LAUDERDALE LAKES, FL 33313

Title: ST () Delete
Name: FEROZE, GINA
Address: 5031 W OAKLAND PK BLVD
City-St-Zip: LAUDERDALE LAKES, FL 33313

Title: D () Delete
Name: FAUSTINI, MARIO
Address: 7640 DU MANA, APT 404
City-St-Zip: ST. LEONARD, QUEBEC, HIS 363

Title: V () Delete
Name: FAUSTINI, MARIO
Address: 7640 DU MAND APT 404
City-St-Zip: ST.LEONARD,QUEBEC, CA H1S-33

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: BORIO, LINA MRS
Address: 5031 WEST OAKLAND BLVD C205
City-St-Zip: LAUDERDALE LAKES, FL 33313

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

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

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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: GINA FEROZE

S/T

04/01/2009

Electronic Signature of Signing Officer or Director

Date