# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**May 11, 2009**
**Secretary of State**

DOCUMENT# 716939

**Entity Name:** CAMILLE GARDENS NO. 6, INC.

**Current Principal Place of Business:**

2330 E 5TH ST
LEHIGH ACRES, FL 33936 US

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 191
LEHIGH ACRES, FL 33970191 US

**New Mailing Address:**

**FEI Number:** **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired (X)**
**In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.**

**Name and Address of Current Registered Agent:**

KURTOGLU, SUSAN
2330 E. 5TH ST
LEHIGH ACRES, FL 33936 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: VP ( ) Delete
Name: QUALMAN, HAROLD C
Address: 2340 JACARANDA CT
City-St-Zip: LEHIGH ACRES, FL 33936

Title: D ( ) Delete
Name: JOHNSTON, MARGARET J
Address: 2330 MAGNOLIA CT
City-St-Zip: LEHIGH ACRES, FL 33936

Title: P ( ) Delete
Name: JACKSON, MARK
Address: 2320 E FIFTH ST
City-St-Zip: LEHIGH ACRES, FL 33936

Title: T ( ) Delete
Name: KURTOGLU, SUSAN
Address: 2330 E 5TH ST
City-St-Zip: LEHIGH ACRES, FL 33936

Title: S ( ) Delete
Name: CLINTON, HEATHER
Address: 2321 ORANGE ST
City-St-Zip: LEHIGH ACRES, FL 33936

**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:

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: SUSAN KURTOGLU TRS 05/11/2009
Electronic Signature of Signing Officer or Director Date