

**2012 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT****FILED**  
**Feb 03, 2012**  
**Secretary of State**

DOCUMENT# 716939

**Entity Name:** CAMILLE GARDENS NO. 6, INC.**Current Principal Place of Business:**2340 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:** 59-1633322      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**JACKSON, MARK  
2340 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:** P  
**Name:** JACKSON, MARK  
**Address:** 2340 E. 5TH STREET  
**City-St-Zip:** LEHIGH ACRES, FL 33936**Title:** T  
**Name:** KRESEVICH, LUANN  
**Address:** 2340 MAGNOLIA CT  
**City-St-Zip:** LEHIGH ACRES, FL 33936**Title:** D  
**Name:** JOHNSTON, MARGARET J  
**Address:** 2330 MAGNOLIA CT.  
**City-St-Zip:** LEHIGH ACRES, FL 33936**Title:** S  
**Name:** CLINTON, HEATHER  
**Address:** 2321 ORANGE ST  
**City-St-Zip:** LEHIGH ACRES, FL 33936

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: LUANN KRESEVICH

TREA

02/03/2012

Electronic Signature of Signing Officer or Director

Date