

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2007 8:00 am
Secretary of State

03-16-2007 90021 028 ****61.25

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03072007 Chg-NP CR2E037 (12/06)

| | | | | | |
|--|----------------------|---|---|---|--|
| DOCUMENT # 727458 1. Entity Name THE CAMELIA CONDOMINIUM ASSOCIATION, INC. | | | | | |
| Principal Place of Business 2720 CARDINAL DR VERO BEACH, FL 32963 | | | Mailing Address PO BOX 3877 VERO BEACH, FL 32964 | | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | 4. FEI Number 59-1542184 | |
| Zip | | Country | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent | | | | 7. Name and Address of New Registered Agent | |
| ROBB, REN 2720 CARDINAL DR VERO BEACH, FL 32963 | | | | Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;">FL Zip Code</div> | |
| 8. 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. I am familiar with, and accept the obligations of registered agent. | | | | | |
| SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> <div style="float: right;">DATE _____</div> | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2007 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| <div style="text-align: right;">Make check payable to Florida Department of State</div> | | | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
| TITLE | TD | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | ROBB, REN | | NAME | | |
| STREET ADDRESS | 2720 CARDINAL DR | | STREET ADDRESS | | |
| CITY - ST - ZIP | VERO BEACH, FL 32963 | | CITY - ST - ZIP | | |
| TITLE | D | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | STEVENS, RICHARD | | NAME | | |
| STREET ADDRESS | 3 SAILFISH ROAD | | STREET ADDRESS | | |
| CITY - ST - ZIP | VERO BEACH, FL 32960 | | CITY - ST - ZIP | | |
| TITLE | PD | <input checked="" type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
| NAME | ANDERSON, ROBERT | | NAME | <i>Director</i> <i>DAVID M. MUSTARD</i> <i>145 CAMELIA LANE</i> <i>VERO BEACH, FL 32963</i> | |
| STREET ADDRESS | 829 CAMELIA LANE | | STREET ADDRESS | | |
| CITY - ST - ZIP | VERO BEACH, FL 32963 | | CITY - ST - ZIP | | |
| TITLE | <i>President</i> | <input type="checkbox"/> Delete | TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | COCHRAN, MARY | | NAME | <i>President</i> <i>MARY COCHRAN</i> <i>137 CAMELIA LANE</i> <i>VERO BEACH, FL 32963</i> | |
| STREET ADDRESS | 827 CAMELIA LANE | | STREET ADDRESS | | |
| CITY - ST - ZIP | VERO BEACH, FL 32963 | | CITY - ST - ZIP | | |
| TITLE | D | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | WRIGHT, SUSAN | | NAME | | |
| STREET ADDRESS | 833 CAMELIA LN | | STREET ADDRESS | | |
| CITY - ST - ZIP | VERO BEACH, FL 32963 | | CITY - ST - ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY - ST - ZIP | | | CITY - ST - ZIP | | |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. | | | | | |
| SIGNATURE: <i>[Signature]</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | Date: <i>3/16/07</i> Daytime Phone #: <i>772-231-8718</i> | | |