2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 727458

FILED Apr 09, 2008 Secretary of State

Entity Name: THE CAMELIA CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: 2720 CARDINAL DR VERO BEACH, FL 32963 **Current Mailing Address: New Mailing Address:** PO BOX 3877 VERO BEACH, FL 32964 FEI Number: 59-1542184 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: ROBB, REN 2720 CARDINAL DR VERO BEACH, FL 32963 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition ROBB, REN Name: Name: 2720 CARDINAL DR Address: Address: City-St-Zip: VERO BEACH, FL 32963 City-St-Zip: Title: () Delete Title: (X) Change () Addition STEVENS, RICHARD Name: STEVENS, RICHARD Name: Address: 3 SAILFISH ROAD Address: 3 SAILFISH ROAD City-St-Zip: VERO BEACH, FL 32960 City-St-Zip: VERO BEACH, FL 32960 Title: () Delete Title: (X) Change () Addition COCHRAN, MARY MAY, MONA Name: Name: 843 CAMELIA LANE Address: 827 CAMELIA LANE Address: City-St-Zip: VERO BEACH, FL 32963 City-St-Zip: VERO BEACH, FL 32963 Title: () Delete Title: (X) Change () Addition WRIGHT, SUSÁN Name: WRIGHT, SUSAN Name: 930 PIRATE COVE LN Address: 833 CAMELIA LN Address: City-St-Zip: VERO BEACH, FL 32963 City-St-Zip: VERO BEACH, FL 32963 Title: () Delete Title: (X) Change () Addition HUSTEAD, JAYNE M ANDERSON, ROBERT Name: Name: 845 CAMELIA LANE 829 CAMELIA LANE Address: Address: City-St-Zip: VERO BEACH, FL 32963 City-St-Zip: VERO BEACH, FL 32963

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: REN ROBB TREA 04/09/2008