2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2009
Secretary of State

DOCUMENT# 727458

Entity Name: THE CAMELIA CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

2720 CARDINAL DR
VERO BEACH, FL 32963

New Principal Place of Business:

Current Mailing Address:

PO BOX 3877
VERO BEACH, FL 32964

New Mailing Address:

FEI Number: 59-1542184 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ROBB, REN
2720 CARDINAL DR
VERO BEACH, FL 32963 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: TD ( ) Delete
Name: ROBB, REN
Address: 2720 CARDINAL DR
City-St-Zip: VERO BEACH, FL 32963

Title: P ( ) Delete
Name: STEVENS, RICHARD
Address: 3 SAILFISH ROAD
City-St-Zip: VERO BEACH, FL 32960

Title: D ( ) Delete
Name: MAY, MONA
Address: 843 CAMELIA LANE
City-St-Zip: VERO BEACH, FL 32963

Title: D ( ) Delete
Name: WRIGHT, SUSAN
Address: 930 PIRATE COVE LN
City-St-Zip: VERO BEACH, FL 32963

Title: VP ( ) Delete
Name: ANDERSON, ROBERT
Address: 829 CAMELIA LANE
City-St-Zip: VERO BEACH, FL 32963

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP (X) Change ( ) Addition
Name: ANDERSON, ROBERT
Address: 829 CAMELIA LANE
City-St-Zip: VERO BEACH, FL 32963

Title: P (X) Change ( ) Addition
Name: MAY, MONA
Address: 843 CAMELIA LANE
City-St-Zip: VERO BEACH, FL 32963

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

Title: D (X) Change ( ) Addition
Name: HUSTEAD, JAYNE
Address: 845 CAMELIA LANE
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 TD 04/09/2009

Electronic Signature of Signing Officer or Director — Date