2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Apr 13, 2005 8:00 am Secretary of State

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DOCUMEN I # /42415 1. Entity Name CAMDEN B CONDOMINIUM ASSOCIATION, INC.								04-13-200	5 9006/1	042 *****6	1.25
49 CAMDEN B 49 CENTURY VILLAGE CE			Mailing Address 49 CAMDEN B CENTURY VILLAGE WEST PALM BEACH, FL 33417								
2. Principal Place of Business 3.			3. Mailing Address								
Suite, Apt. #, etc.		Su	Suite, Apt. #, etc.				03312005	Chg-NP	CR2E0	37 (10/03)	
City & State		City & State					4. FEI Numbe 59-1634				plied For t Applicable
Zip	Country	Ziç)	Cou	intry		5. Certificate	of Status Desired	0	\$8.75 Add Fee Required	litional
	6. Name and Address of Current	Registere	d Agent		<u> </u>		7. Name and	Address of New	Registered	Agent	
BALMER, V	MATELIAM				Name						
49 CAMDE	IN B					ddress (i	P.O. Box Numbe	er is Not Acceptab	le)		· .
	LM BEACH, FL 33417				[·						
			•		City				FL	Zip Code	Э
	named entity submits this statement for	r the purp	ose of changing its r	egistere	ed office or	register	ed agent, or bot	h, in the State of F	Torida, I am	familiar with,	and accept
വര വാദ്യമം	ions of registered agent.										
											,
SIGNATURE.	Signature, typed or printed name of registered agent	and title if app	ficable. (NOTE:	Registere	d Agent signat.	beriuper en	when reinstating)		DATE		
		and title if app	·			periupen en	when reinstating)				
	Signature, typed or printed name of registered agent Filling Fee is \$61.25 Due by May 1, 2005	and title it app	9. Election Cam Trust Fund Co	paign F	inancing	ure required	when reinstating) \$5.00 May B Added to Fees	•	Make chec	k payable to	
10.	Filing Fee is \$61.25 Due by May 1, 2005 OFFICERS AND DI		9. Election Cam Trust Fund Co	paign Fontributi	inancing ion.		\$5.00 May B Added to Fees	•	Make chec orida Depa	rtment of SI	tate
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). 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 eath; 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.

STREET ADDRESS

CITY-ST-ZIP

WEST PALM BEACH, FL 33417

STREET ADDRESS 50 CAMDEN B CENTURY VILLAGE

SIGNATURE:

CITY-ST-ZIP