


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 16, 2006 8:00 am
Secretary of State

05-16-2006 90021 027 ****61.25

DOCUMENT # 742415 1. Entity Name CAMDEN B CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 49 CAMDEN B CENTURY VILLAGE WEST PALM BEACH, FL 33417			Mailing Address 49 CAMDEN B CENTURY VILLAGE WEST PALM BEACH, FL 33417		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
Country		Country		Country	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
BALMER, WILLIAM 49 CAMDEN B CENTURY VILLAGE WEST PALM BEACH, FL 33417				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 <u>William Balmer</u> 3-16-06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BALMER, WILLIAM 49 CAMDEN B, CENTURY VILLAGE WEST PALM BEACH, FL 33417 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GRESACK, MARCIA 30 CAMDEN B CENTURY VILLAGE WEST PALM BEACH, FL 33417 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Sheila Corneroli 34 Camden B West Palm Beach, FL 33417 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CORNEROLI, EUGENE 34 CAMDEN B, CENTURY VILLAGE WEST PALM BEACH, FL 33417 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Engel, James 38 Camden B West Palm Beach, FL 33417 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SOKALSKI, BILL 48 CAMDEN B CENTURY VILLAGE WEST PALM BEACH, FL 33417 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD STERN, IDA CAMDEN B 32 CEN VILL W PALM BCH, FL <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FITZGERALD, JOAN 50 CAMDEN B CENTURY VILLAGE WEST PALM BEACH, FL 33417 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Busch, hes 47 Camden B West Palm Beach, FL 33417 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u>Sheila Corneroli</u> <u>Sheila Corneroli</u> <u>3-16-06</u> <u>561-848-2770</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

40092524



03122006 Chg-NP CR2E037 (11/05)

4. FEI Number
59-1634332 Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

ATTACHMENT

40092524
#742415

5/11/06

To whom it may concern:

This was mailed to
the wrong address. I
just received it back
5/10/06. Sorry for the
inconvenience. If you need
further information please
call or write.

Thank You for Your
Assistance

Phil Gallagher
