


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 26, 2007 8:00 am
Secretary of State

03-26-2007 90048 010 ****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 - No P.O. Box #		3. Mailing Address 47 CAMDEN B			
Suite, Apt. #, etc. 47 CAMDEN B		Suite, Apt. #, etc. WEST PALM BEACH			
City & State WEST PALM BEACH FL		City & State FLORIDA			
Zip 33417		Country U.S.A.		4. FEI Number 59-1634332	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent BALMER, WILLIAM 49 CAMDEN B CENTURY VILLAGE WEST PALM BEACH, FL 33417			7. Name and Address of New Registered Agent Name BUSCH LES Street Address (P.O. Box Number is Not Acceptable) 47 CAMDEN B WEST PALM BEACH City FL Zip Code		
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><i>Les Busch</i></u> (Type) 3/21/07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
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	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BALMER, WILLIAM <input checked="" type="checkbox"/> Delete 49 CAMDEN B, CENTURY VILLAGE WEST PALM BEACH, FL 33417				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CORNERD, SHEILA <input checked="" type="checkbox"/> Delete 34 CAMDEN B WEST PALM BEACH, FL 33417				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ENGEL, JAMES <input checked="" type="checkbox"/> Delete 38 CAMDEN B WEST PALM BEACH, FL 33417				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SOKALSKI, BILL <input type="checkbox"/> Delete 48 CAMDEN B CENTURY VILLAGE WEST PALM BEACH, FL 33417				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD STERN, IDA <input type="checkbox"/> Delete CAMDEN B 32 CEN VILL W PALM BCH, FL				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BUSCH, LES <input checked="" type="checkbox"/> Delete 47 CAMDEN B WEST PALM BEACH, FL 33417				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BUSCH, LES <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 47 CAMDEN B WEST PALM BEACH FL 33417				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GRESACK MARCIA <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 30 CAMDEN B WEST PALM BEACH FL 33417				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD FAINE FRANK <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 45 CAMDEN B WEST PALM BEACH FL 33417				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Gloria Busch <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 47 CAMDEN B WEST PALM BEACH FL 33417				
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><i>Les Busch</i></u> 3/21/07 561-615-2283 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					