


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2008 8:00 am
Secretary of State

03-31-2008 90010 037 ****61.25

DOCUMENT # 742415 1. Entity Name CAMDEN B CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 47 CAMDEN B WEST PALM BEACH, FL 33417			Mailing Address 47 CAMDEN B WEST PALM BEACH, FL 33417		
2. Principal Place of Business / No P.O. Box # 30 Camden B		3. Mailing Address 30 Camden B			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State W. Palm Beach, FL		City & State W. Palm Bch, FL		4. FEI Number 59-1634332	
Zip 33417		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LES, BUSCH 47 CAMDEN B WEST PALM BEACH, FL 33417			7. Name and Address of New Registered Agent Name Marcia Gresack Street Address (P.O. Box Number is Not Acceptable) 30 Camden B City W. Palm Bch FL Zip Code 33417		
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 M. Gresack, Pres. M. Gresack 3-26-08 <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, 2008		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 BUSCH, LES 47 CAMDEN B WEST PALM BEACH, FL 33417	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Pres. Marcia Gresack 30 Camden B WPB, FL 33417	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GRESACK, MARCIA 30 CAMDEN B WEST PALM BEACH, FL 33417	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Patrick Gilland 47 Camden B WPB, 33417, FL	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD FALINE, FRANK 45 CAMDEN B WEST PALM BEACH, FL 33417	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treas. Sheila Corneroli 34 Camden B WPB 33417 FL	<input type="checkbox"/> Change <input checked="" 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	D Phillip Ward 46 Camden B WPB, FL 33417	<input type="checkbox"/> Change <input checked="" 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	D Bill Balmer WPB, FL	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BUSCH, GLORIA 47 CAMDEN B WEST PALM BEACH, FL 33417	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input 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: M. Gresack, M. Gresack, Pres 3-26-08 (561)689-3910 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					