

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 742416 (1)

1. Corporation Name

CAMDEN C CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

Mailing Address

**CAMDEN C #54
WEST PALM BEACH FL 33417-2009
US**

**CAMDEN C #54
WEST PALM BEACH FL 33417-2009
US**

3. Date Incorporated or Qualified

04/14/1978

3a. Date of Last Report

01/18/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-1847251

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

City & State

City & State

23

28

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

Zip

Country

Zip

Country

24

25

29

30

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BESSEL, SHIRLEY R
54 CAMDEN C.
W PALM BCH FL 33417**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **S**
STREET ADDRESS **JAYNE CARTRET**
CITY - ST - ZIP **CAMDEN C-56 CEN VILLAGE**
WEST PALM BEACH, FL00000

TITLE ☐ DELETE

NAME **T**
STREET ADDRESS **SHIRLEY R. BESSEL**
CITY - ST - ZIP **CAMDEN C-54 CEN VILLAGE**
WEST PALM BEACH, FL00000

TITLE ☐ DELETE

NAME **P**
STREET ADDRESS **CHIAVARO, MARIE**
CITY - ST - ZIP **CAMDEN C64**
W. PALM BCH FL

TITLE ☐ DELETE

NAME **DVP**
STREET ADDRESS **PERGOLA, FRANK**
CITY - ST - ZIP **CAMDEN C-65**
W. PALM BEACH FL

TITLE ☐ DELETE

NAME **D**
STREET ADDRESS **ANN MARCH**
CITY - ST - ZIP **CAMDEN C-71 CEN VILLAGE**
W. PALM BEACH FL

TITLE ☐ DELETE

NAME **D**
STREET ADDRESS **MOSTEL, SYLVIA**
CITY - ST - ZIP **CAMDEN C-60**
W. PALM BEACH FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Shirley R. Bessel
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
SHIRLEY R. BESSEL TREASURER

2/1/96 **407-471-3422**
Date Daytime Phone

CR2E037 (12/95)