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Feb 04 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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

4. FEI Number

59-1847251

Applied For

Not Applicable

2. Principal Place of Business

21 CAMDEN C

Suite, Apt. #, etc.

22 59

City & State

23 West Palm Beach, FL

Zip

24 33417-2010

Country

2a. Mailing Address

26 CAMDEN C

Suite, Apt. #, etc.

27 59

City & State

28 West Palm Beach, FL

Zip

29 33417-2010

Country

5. Certificate of Status Desired ☐

\$8.75 Additional

Fee Required

6. Election Campaign Financing

Trust Fund Contribution ☐

\$5.00 May Be

Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible

Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name BARBARA PRINCE

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

59 CAMDEN C

83

84 City West Palm Beach FL

85 Zip Code

33417-2010

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 **Barbara Prince** **Barbara Prince** **Treas.** **01/10/98**

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

TITLE ☐ DELETE

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

TITLE ☐ DELETE

**NAME
CHIAVARO, MARIE
STREET ADDRESS
CAMDEN C64
CITY-ST-ZIP
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
ANN MARCH
STREET ADDRESS
CAMDEN C-71 CEN VILLAGE
CITY-ST-ZIP
W. PALM BEACH FL**

TITLE ☐ DELETE

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

TITLE ☐ DELETE

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 **DVP**

2.3 STREET ADDRESS **SHIRLEY R. BESSEL**

2.4 CITY-ST-ZIP **54 CAMDEN C**

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 **T**

4.3 STREET ADDRESS **BARBARA PRINCE**

4.4 CITY-ST-ZIP **59 CAMDEN C**

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 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 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:

SIGNATURE REQUIRED

MARIE CHIAVARO

CR2E037 (10/97)