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Secretary of State

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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 742416

1. Corporation Name

CAMDEN C CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

CAMDEN C
59
WEST PALM BEACH FL 33417-010
US

Mailing Address

CAMDEN C
59
WEST PALM BEACH FL 33417-010
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

04/14/1978

4. FEI Number

59-1847251

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

PRINCE, BARBARA
59 CAMDEN C
W PALM BCH FL 33417-2010

10. Name and Address of New Registered Agent

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

TITLE DVP
NAME SHIRLEY R. BESSEL
STREET ADDRESS 54 CAMDEN C
CITY-ST-ZIP W PALM BCH FL 33417-2009

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

TITLE T
NAME PRINCE, BARBARA
STREET ADDRESS 59 CAMDEN C
CITY-ST-ZIP W PALM BEACH FL 33417-2010

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

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

01/04/99 561689 7378

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)