

2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED

2007 DEC 26 AM 10:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



11272007 REIN-NP CR2E099 (1/07) 07

DOCUMENT # 742416	
1. Entity Name CAMDEN C CONDOMINIUM ASSOCIATION, INC.	



Principal Place of Business CAMDEN C 60 WEST PALM BEACH, FL 33417-2009 US	Mailing Address CAMDEN C 60 WEST PALM BEACH, FL 33417-2009 US
--	--

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

6. Name and Address of Current Registered Agent PRINCE, RICHARD 60 CAMDEN C WEST PALM BEACH, FL 33417-2009	
---	--

7. Name and Address of New Registered Agent Name John GRAGG Street Address (P.O. Box Number is Not Acceptable) 52 CAMDEN C City WPB 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	DATE 27/Nov/07
(NOTE: Registered Agent signature required when reinstating)	

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	PD	GRAGG, JOHN		TITLE		800112998418	
NAME		52 CARIDEN CT		NAME		12/10/07--01052--009 **236.75	
STREET ADDRESS		WEST PALM BEACH, FL 33417		STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE	T	RIZZUTO, ALFONSO		TITLE	T	PRIMA, KENROY	
NAME		55 CAMDEN C		NAME		58 CAMDEN C	
STREET ADDRESS		WEST PALM BEACH, FL 33417		STREET ADDRESS		W. PALM BCH FL 33417	
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE	SD	KRASINSKI, MADALENE		TITLE			
NAME		65 CAMDEN C		NAME			
STREET ADDRESS		WEST PALM BEACH, FL 33417		STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE	TD	PRINCE, RICHARD		TITLE			
NAME		60 CARIDEN CT		NAME			
STREET ADDRESS		WEST PALM BEACH, FL 33417		STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		PRIMA, KENROY		TITLE		REINSTATEMENT	
NAME		58 CAMDEN C		NAME		2007	
STREET ADDRESS		WPB FL 33417		STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE				TITLE			
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

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:	DATE 27/Nov/07
SIGNATURE AND TYPED OR PRINTED NAME OF SENDING OFFICER OR DIRECTOR	