
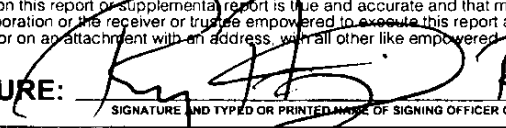


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2007 8:00 am
Secretary of State

04-02-2007 90069 025 ****61.25

DOCUMENT # 742417 1. Entity Name CAMDEN F CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 132 CAMDEN F WEST PALM BEACH, FL 33417				Mailing Address 132 CAMDEN F WEST PALM BEACH, FL 33417	
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	03212007 Chg-NP CR2E037 (12/06)	
4. FEI Number 59-1635355				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
AGOSTINI, RAY 132 CAMDEN F WEST PALM BEACH, FL 33417			Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ <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, 2007		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	P <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	AGOSTINI, RAY		NAME		
STREET ADDRESS	132 CAMDEN F		STREET ADDRESS		
CITY - ST - ZIP	WEST PALM BEACH, FL 33417		CITY - ST - ZIP		
TITLE	V <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CASTIBLANCO, HERNANDO		NAME		
STREET ADDRESS	118 CAMDEN F		STREET ADDRESS		
CITY - ST - ZIP	WEST PALM BEACH, FL 33417		CITY - ST - ZIP		
TITLE	T <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WAMBES, ANTONIO		NAME		
STREET ADDRESS	120 CAMDEN F		STREET ADDRESS		
CITY - ST - ZIP	WEST PALM BEACH, FL 33417		CITY - ST - ZIP		
TITLE	S <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HELLER, RHODA		NAME		
STREET ADDRESS	133 CAMDEN F		STREET ADDRESS		
CITY - ST - ZIP	WEST PALM BEACH, FL 33417		CITY - ST - ZIP		
TITLE	O <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MORALES, MARIA		NAME		
STREET ADDRESS	138 CAMDEN F		STREET ADDRESS		
CITY - ST - ZIP	WEST PALM BEACH, FL 33417		CITY - ST - ZIP		
TITLE	O <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WURF, IRVING		NAME		
STREET ADDRESS	117 CAMDEN F		STREET ADDRESS		
CITY - ST - ZIP	WEST PALM BEACH, FL 33417		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: 			RAY AGOSTINI <i>03/21/07</i> 561-688-2692		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		