## FILE NOW: FILING FEE IS \$61.25

► NONPROFIT CORPORATION ANNUAL REPORT

STREET ADDRESS

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT #

CAMDEN I CONDOMINIUM ASSOCIATION, INC.

**FILED** Feb 23 1998 8:00am Secretary of State

Principal Plac	ce of Business	Mailing Address					P) 1017 0181 010	!! <b>BIEI! BIBI!</b>	87911 <b>8</b> 7911 1881
	17 BEACH FL 33417	CAMDEN I #200- 2 / 7 WEST PALM BEACH FL 334	117		04/1	rporated or Qualified 4/1978	İ		
US		US			4. FEI Numb				opplied For
2. Principal F	Place of Business	2a. Mailing Address				635730			lot Applicable Additional
21	# 44-	26			5. Certificate	of Status Desired			Required
Suite, Apt.	. #, Olc.	Suite, Apt. #, etc.				ampaign Financing d Contribution		\$5.00 Added 1	
City & Stat	le	City & State				profit corporation a h	<u></u>		
Zip	Country	28	Country				==	] No	
24	25	Zip :	Country 30	,		pration owes or has p Property Tax due Jun	_		ntangible No
	9. Name and Address of Currer		<del>50</del> 1			d Address of New R	++-		
	<del>.</del>		81	Name				<del></del>	· <u>·</u>
	LORENCE		82	Street A	ddress (P.O. Box Nu	umber is Not Accepte	able)		
CAMDE	n 1-208 Ry Village		83						
1	ALM BEACH FL 33417		84	04.				laal 3:-	A-1-
				City			FL	11	Code
11. Pursuant office or r	to the provisions of Sections 617.050 registered agent, or both, in the State am familiar with, and accept the obligations.	/2 and 617,1508, Florida Statutes of Florida. Such change was at	s, the above ithorized by	e-named o	corporation submits to oration's board of dir	his statement for the ectors. I hereby acce	purpose of	changing l	lts registered s registered
agent. i a	am tamiliar with, and accept the oblig-	ations of, Section 617.0503, Flor	ida Statutes	ş.					
agent. I a SIGNATURE									
	m familiar with, and accept the oblig- Signature, typed or printed name of registered age OFFICERS AN	ent and title if applicable. (NOTE:			equired when reinstating)		DATE		
SIGNATURE	Signature, typed or printed name of registered age	ent and title if applicable. (NOTE:	Registered Age		equired when reinstating)	/CHANGES TO OFFI	DATE ICERS AND		
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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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP