


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 15, 2006 8:00 am
Secretary of State

02-15-2006 90035 007 ****61.25

DOCUMENT # 742418	
1. Entity Name	
CAMDEN I CONDOMINIUM ASSOCIATION, INC.	

Principal Place of Business	Mailing Address
CAMDEN I #210 WEST PALM BEACH FL 33417 US	CAMDEN I #210 WEST PALM BEACH FL 33417 US

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



1st MOORE CR2E037 (10/05)

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
PERGOLA, FRANK PD 210 CAMDEN I 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 _____ (NOTE: Registered Agent signature required when re-registering) **DATE** _____

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$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 VPD NAME BERMAN, SAM STREET ADDRESS CARMEN I 214 CITY-ST-ZIP WEST PALM BEACH FL 33417	<input checked="" type="checkbox"/> Delete	TITLE VP NAME EFIM TSEKHMEYSTAR STREET ADDRESS CAMDEN I 205 CITY-ST-ZIP W.P.B. FL 33417	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE PD NAME PERGOLA, FRANK P STREET ADDRESS 210 CAMDEN I CITY-ST-ZIP WEST PALM BEACH FL 33417	<input type="checkbox"/> Delete	TITLE D NAME ESTELLE KATAIF STREET ADDRESS 201 CAMDEN I CITY-ST-ZIP W.P.B. FL 33417	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE TD NAME BUCCI, DAN STREET ADDRESS 211 CAMDEN I CITY-ST-ZIP WEST PALM BEACH FL 33417	<input type="checkbox"/> Delete	TITLE D NAME MORRIS TORCHINSKY STREET ADDRESS 196 CAMDEN I CITY-ST-ZIP W.P.B. FL 33417	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE D NAME VENTRO, LEO STREET ADDRESS 217 CAMDEN I CITY-ST-ZIP WEST PALM BEACH FL 33417	<input type="checkbox"/> Delete	TITLE D NAME JOHN STONE STREET ADDRESS 215 CAMDEN I CITY-ST-ZIP W.P.B. FL 33417	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE VPD NAME BIERMAN, SAM STREET ADDRESS 214 CAMDEN I CITY-ST-ZIP WEST PALM BEACH FL 33417	<input checked="" type="checkbox"/> Delete	TITLE D NAME ARACELIS SANTINCO STREET ADDRESS 193 CAMDEN I CITY-ST-ZIP W.P.B. FL 33417	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE S NAME TORCHINSKY, DIANA STREET ADDRESS 196 CAMDEN I CITY-ST-ZIP WEST PALM BEACH FL 33417	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 a other like empowered.

SIGNATURE: *Frank P. Pergola*

2/15/06