

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 25, 2003 8:00 am**  
**Secretary of State**

01-23-2003 90112 034 \*\*\*\*61.25

**DOCUMENT # 742418**

1. Entity Name

**CAMDEN I CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business

**CAMDEN I  
#217  
WEST PALM BEACH FL 33417  
US**

Mailing Address

**CAMDEN I  
#217  
WEST PALM BEACH FL 33417  
US**

2. Principal Place of Business

**CAMDEN I**

3. Mailing Address

**CAMDEN I**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**# 210**

**# 210**

City & State

City & State

**WEST PALM BCH. FL 33417**

**WEST PALM BCH. FL 33417**

Zip

Country

Zip

Country

**33417**

**US**

**33417**

**US**

6. Name and Address of Current Registered Agent

**KATZ, FLORENCE  
CAMDEN I-208  
CENTURY VILLAGE  
WEST PALM BEACH FL 33417**

7. Name and Address of New Registered Agent

**PD FRANK P. PERGOLA**

Street Address (P.O. Box Number is Not Acceptable)

**210 CAMDEN I**

**WEST PALM BCH, FL**

**33417**

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

*Frank P. Pergola*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

*1/20/03*

**FILE NOW: FEE IS \$61.25**

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

TITLE **VPD**  
NAME **BERMAN, SAM** ☐ Delete  
STREET ADDRESS **CARMEN I 214**  
CITY-ST-ZIP **WEST PALM BEACH FL 33417**

TITLE **PD**  
NAME **VENTRA, LEO** ☒ Delete  
STREET ADDRESS **CAMDEN I 217**  
CITY-ST-ZIP **WEST PALM BEACH FL 33417**

TITLE **TD**  
NAME **PERGOLA, FRANK** ☒ Delete  
STREET ADDRESS **CARMEN I 210**  
CITY-ST-ZIP **WEST PALM BEACH FL 33417**

TITLE **D**  
NAME **AMATO, BETTY** ☒ Delete  
STREET ADDRESS **CARMEN I 195**  
CITY-ST-ZIP **WEST PALM BEACH FL 33417**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **T BAN BUCCI** ☒ Change ☒ Addition  
NAME  
STREET ADDRESS **211 CAMDEN I**  
CITY-ST-ZIP **WEST PALM BCH. FL 33417**

TITLE **SD**  
NAME **BRENDA SUE LUKE** ☒ Change ☒ Addition  
STREET ADDRESS **212 CAMDEN I**  
CITY-ST-ZIP **WEST PALM BCH. FL 33417**

TITLE **PD FRANK P. PERGOLA** ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **210 CAMDEN I**  
CITY-ST-ZIP **WEST PALM BCH FL 33417**

TITLE **D LEO VENTRA** ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **217 CAMDEN I**  
CITY-ST-ZIP **WEST PALM BCH FL 33417**

TITLE **VPD SAM BIERMAN** ☐ Change ☐ Addition  
NAME  
STREET ADDRESS **214 CAMDEN I**  
CITY-ST-ZIP **WEST PALM BCH FL 33417**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. 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 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 information required.

SIGNATURE:

*Frank P. Pergola*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*2/21/03*

Date

*561-697-4622*

Daytime Phone #

CR2E037 (10/02)