FILED 2001 UNIFORM BUSINESS REPORT (UBR) Jul 20, 2001 8:00 am **DOCUMENT # 742420 Secretary of State** 1. Entity Name 07-20-2001 90007 003 ****70.00 CAMDEN L CONDOMINIUM ASSOCIATION, INC. Principal Place of Business Mailing Address 279 CAMDEN L 279 CAMDEN L W-PALM-BEACH FL-33417-2057 W PALM-BEACH-FL 23417-2057 DO NOT WRITE IN THIS SPACE Applied For 59-1635141 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent SAM DAVIS Street Address (P.O. Box Number is Not Acceptable) SCHWARTZ, JULIA 279 CAMDEN L **WEST PALM BEACH FL 33417** 8. The algove named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida 9. Election Campaign Financing FILE NOW: FEE IS \$61.25 \$5.00 May Be Make Check Payable to Trust Fund Contribution. After September 12, 2001, min. will be \$236,25 Added to Fees Department of State

•	, ,						
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10				
TITLE	PDS	⊅ Delete	TITLE	PDS		Change	Addition
NAME	SCHWARTZ, JULIA		NAME	SAM DAVI	5 4		
STREET ADDRESS	'279 CAMDEN L		STREET ADDRESS	270 CAMDE	N4		
CITY-ST-ZIP	W_PALM-BEACH-FL-33417-2057		CITY-ST-ZIP	SAM DAVI 270 CAMDE WEST PALI	M Beach 7.	l, 334	17
TITLE	VD	Delete	TITLE	UT BRANDON	ENJOHN	Change	Addition
NAME	GROTTINI, RAYMOND		NAME			 •	_
STREET ADDRESS	280 CAMDEN L		STREET ADDRESS	8 277 CA	MDEN"L"		
CITY-ST-ZIP	W_PALM-BEACH FL 33417-2057		CITY-ST-ZIP	J WEST PAL	M Beach	Fl. 33	411
TITLE	TD	☐ Delete	TITLE			↑ ☐ Change	Addition
NAME	FRIEDMAN, DOROTHY		NAME			ar -	
STREET ADDRESS	269 CAMDEN L		STREET ADDRESS				٠
CITY-ST-ZIP	W PALM BEACH FL 33417-2055	ور د این بلیدهممی او	CITY-ST-ZIP	Top -	17 - NA 13	20 374	araka≇+ i i i 'i
TITLE		☐ Delete	TITLE			Change	☐ Addition
NAME			NAME		<u>-</u>		
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP	•			
TITLE		☐ Delete	TITLE			☐ Change	☐ Addition
NAME			NAME				
STREET ADDRESS		•	STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE		☐ Delete	TITLE		•	Change	☐ Addition
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				

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 like empowered.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

SIGNANTOCHE FREDRICA

DOTOTHU FRIEDMAN 7/16/01

3694