2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

changed, or on an attachment with an address, with all other like ex

SIGNATURE:

Feb 18, 2005 8:00 am **DOCUMENT # 742420 Secretary of State** 1. Entity Name 02-18-2005 90052 012 ****70.00 CAMDEN L CONDOMINIUM ASSOCIATION, INC. Mailing Address Principal Place of Business 278 CAMDEN (L) WEST PALM BEACH FL 33417 278 CAMDEN (L) 50017311 WEST PALM BEACH FL 33417 2. Principal Place of Business Mailing Address BZ CAMDE Suite, Apt. #, etc Suite, Apt. #, etc. 1st MOORE CR2E037 (10/04) Applied For 4. FEI Number BEACH 59-1635141 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent SCIOTTO, FELENCE Street A 278 CAMDEN (L) WEST PALM BEACH FL 33417 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 the obligations of registered agent. SIGNATURE FILE NOW: FEE IS \$61.25 Make Check Payable to 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Due By May 1, 2005 Added to Fees Florida Department of State <u>~~~~~~</u> ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. Delete Change ☐ Addition TITLE TITLE KLICE V. MOSIER SCIOTTO, FELICE NAME 2BZ CAMDENL 278 CAMDEN (L) STREET ADDRESS STREET ADDRESS WEST PALM BEACH FL 33417 CITY-ST-ZIP CHY-ST-7P L Defete SAM DAVIS 270 CAMDEN L TITLE DILE VILLENEUVE, CHARLES NAME NAME 288 CAMDEN L STREET ADDRESS STREET ADDRESS WEST PALM BEACH PL 33417 WEST PALM BEACH FL 33417 CITY-ST-ZIP CITY-ST-ZIP TO DONALD CONWAY Designe Addition 266 CAMDEN L TITLE TITLE DANIEL, RAYNOR NAME NAME 277 CAMDEN L STREET ADDRESS STREET ADDRESS WEST PALM BEACH FL33417 WEST PALM BEACH FL 33417 CITY-ST-7IP CITY-ST-ZIP SD JUDITH KRUGMAN Change Addition 287 CAMDEN L TITLE ☐ Delete TITLE KRUGMAN, JUDY NAME NAME 287 CAMDEN L STREET ADDRESS STREET ADDRESS WEST PALM BEACH FL 33417 WEST PALM BEACH FL 33417 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE THILE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

FILED