


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2008 8:00 am
Secretary of State

04-02-2008 90028 026 ****61.25

DOCUMENT # 742744 1. Entity Name CAMDEN G CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business CAMDEN G 164 CAMDEN G WEST PALM BEACH, FL 33417 US			Mailing Address CAMDEN G 164 CAMDEN G WEST PALM BEACH, FL 33417 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-1634811	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MCCLORY, JUDY 164 CAMDEN G WEST PALM BEACH, FL 33417				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;">FL Zip Code</div>	
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 <u>Judy McClory</u> <u>Judy McClory</u> <u>3/29/2008</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 NAME STREET ADDRESS CITY - ST - ZIP	VPT SCHEIDER, AL 161 CAMDEN G WEST PALM BEACH, FL 33417	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	President Scheider, Al 161 Camden West Palm Beach, FL, 33417
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST MCCLORY, JUDY 164 CAMDEN G WEST PALM BEACH, FL 33417	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	Treasurer / Secretary McClory, Judy 164 Camden G West Palm Beach, FL 33417
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD BERGONZI, ANSO 148 CAMDEN G WEST PALM BEACH, FL 33417	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	Secretary Perione, Carol 1111 Fort Hunter Rd. Schenectady, New York 12303
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S FUSCO, SYLVIA 166 CAMDEN G WEST PALM BEACH, FL 33417	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	Treasurer Anita Lavinthal 18 Lily Pond Lane Barnaget, New Jersey 08805
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V SANFILLIPPO, MARCEUA 153 CAMDEN G WEST PALM BEACH, FL 33417	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	Vice President Sanfillippo, Marcello 153 Camden G West Palm Beach, FL 33417
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 all other like empowered.					
SIGNATURE: <u>Judy McClory</u> <u>Judy McClory</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<u>3/29/08</u> <u>561-697-0005</u> <small>Date Daytime Phone #</small>	