

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 07, 2006 8:00 am**  
**Secretary of State**

03-07-2006 90012 034 \*\*\*\*61.25

**DOCUMENT # 742745**

1. Entity Name  
**CAMDEN N CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business  
**CAMDEN N312  
CENTURY VILLAGE  
WEST PALM BEACH, FL 33417 US**

Mailing Address  
**CAMDEN N312  
CENTURY VILLAGE  
WEST PALM BEACH, FL 33417 US**



2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

02012006 Chg-NP CR2E037 (11/05)

City & State  
Zip Country

City & State  
Zip Country

4. FEI Number  
**59-1636141**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

## 6. Name and Address of Current Registered Agent

**BLUESTEIN, ZELDA  
312 CAMDEN N  
WEST PALM BEACH, FL 33417**

## 7. Name and Address of New Registered Agent

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing 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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**D**  
**VESTAL, JOY**  
**335 CAMDEN N**  
**WEST PALM BEACH, FL 33417**

☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**STD**  
**FRIED, EVA**  
**328 CAMDEN N**  
**WEST PALM BEACH, FL 33417**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**D V.B.**  
**LIEBOWITZ, NATHAN**  
**315 CAMDEN N**  
**WEST PALM BEACH, FL 33417**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**D**  
**O'CALLAGHAN, NORA ANH**  
**329 CAMDEN N**  
**WEST PALM BEACH, FL 33417**

☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**PD**  
**BLUESTEIN, ZELDA**  
**312 CAMDEN N**  
**WEST PALM BEACH, FL 33417**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**CAMILLE CARRIER**  
**316 CAMDEN N**  
**WEST PALM BEACH, FL 33417**

☐ Delete

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**D AMY PRAGER**  
**317 CAMDEN N.**  
**WEST PALM BEACH, FL 33417**

☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**D.**  
**SALVATORE CASSARINO**  
**321 CAMDEN N**  
**WEST PALM BEACH, FL 33417**

☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**D**  
**ELDA BAGNO-BAGLIO**  
**334 CAMDEN N**  
**WEST PALM BEACH, FL 33417**

☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**CAMILLE CARRIER**  
**316 CAMDEN N**  
**WEST PALM BEACH, FL 33417**

☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ 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: ZELDA BLUESTEIN**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2-16-06**

Date

**561-681-9704**

Daytime Phone #