


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2006 8:00 am
Secretary of State

03-20-2006 90013 001 ****61.25

DOCUMENT # 742746 1. Entity Name CAMDEN O CONDOMINIUM ASSOCIATION, INC.	
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Principal Place of Business CAMDEN "O" 338 CV WEST PALM BCH, FL 33417	Mailing Address CAMDEN "O" 338 CV WEST PALM BCH, FL 33417
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip	Country

20017950



01102006 Chg-NP CR2E037 (11/05)

4. FEI Number 59-1636698	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FRIEDMAN, HARRIET CAMDEN O-338 CENTURY VILLAGE W PALM BEACH, FL 33417	
7. Name and Address of New Registered Agent Name: JUANITA BOHANNON Street Address (P.O. Box Number is Not Acceptable) 348 Camden O City: West Palm Beach FL Zip Code: 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: *Juanita Bohannon* **JUANITA BOHANNON** 3-14-06
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. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BOHANNON, DONNIE 348 CAMDEN O W PALM BEACH, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SIEGAL, JOAN 351 CAMDEN O W PALM BCH, FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP STAINO, Dominic 350 Camden O W. Palm Bch, FL. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GUARINO, PAUL CAMDEN O 352 W PALM BCH, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD FRIEDMAN, HARRIET CAMDEN O-338 W PALM BEACH, FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T JUANITA BOHANNON 348 Camden O W. Palm Beach, FL. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LAPPIN, BARBARA 347 CAMDEN O W PALM BCH, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KEEN, LIBBY 337 CAMDEN O W PALM BCH, FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STAINO, Peggy 350 Camden O W. Palm Bch, FL. <input checked="" 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: *Juanita Bohannon* **JUANITA BOHANNON** -06 561-640-4293
Signature and typed or printed name of signing officer or director Date Daytime Phone #