


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 04, 2007 8:00 am**  
**Secretary of State**

04-04-2007 90181 001 \*\*\*\*61.25

<b>DOCUMENT # 742746</b> 1. Entity Name <b>CAMDEN O CONDOMINIUM ASSOCIATION, INC.</b>					
Principal Place of Business <b>CAMDEN "O" 348 CV          WEST PALM BCH, FL 33417</b>			Mailing Address <b>CAMDEN "O" 348 CV          WEST PALM BCH, FL 33417</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address <b>348 Camden "O" CV.</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State <b>West Palm Beach</b>		4. FEI Number <b>59-1636698</b>	
Zip		Zip <b>FL.</b>		Country <b>33417</b>	
6. Name and Address of Current Registered Agent  <b>BOHANNON, JUANITA          348 CAMDEN O          W PALM BEACH, FL 33417</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </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><i>Juanita Bohannon</i></u> DATE <u>3-30-07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
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	VP STAINO, DOMINIC 350 CAMDEN O W PALM BCH, FL			<input type="checkbox"/> Delete	
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	T BOHANNON, JUANITA 348 CAMDEN O W PALM BEACH, FL			<input type="checkbox"/> Delete	
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	D STAINO, PEGGY 350 CAMDEN O W PALM BCH, FL			<input type="checkbox"/> Delete	
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><i>Juanita Bohannon</i></u> DATE <u>3-30-07</u> DAYTIME PHONE # <u>561-640-4293</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	