2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 01, 2009
Secretary of State

DOCUMENT# 742746

Entity Name: CAMDEN O CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

CAMDEN "O" 338 CV
WEST PALM BCH, FL 33417

New Principal Place of Business:

CAMDEN
WEST PALM BCH, FL 33417

Current Mailing Address:

348 CAMDEN "O" C.V.
WEST PALM BEACH, FL 33417

New Mailing Address:

348 CAMDEN
WEST PALM BEACH, FL 33417

FEI Number: 59-1636698 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BOHANNON, JUANITA
348 CAMDEN O
W PALM BEACH, FL 33417 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	PD	( ) Delete
Name:	BOHANNON, DONNIE	
Address:	348 CAMDEN O	
City-St-Zip:	W PALM BEACH, FL	
Title:	VP	( ) Delete
Name:	STAINO, DOMINIC	
Address:	350 CAMDEN O	
City-St-Zip:	W PALM BCH, FL	
Title:	D	( ) Delete
Name:	LAPPIN, ALAN	
Address:	347 CAMDEN O	
City-St-Zip:	WEST PALM BEACH, FL 33417	
Title:	T	( ) Delete
Name:	BOHANNON, JUANITA	
Address:	348 CAMDEN O	
City-St-Zip:	W PALM BEACH, FL	
Title:	SD	(X) Delete
Name:	LAPPIN, BARBARA	
Address:	347 CAMDEN O	
City-St-Zip:	W PALM BCH, FL	
Title:	D	(X) Delete
Name:	STAINO, PEGGY	
Address:	350 CAMDEN O	
City-St-Zip:	W PALM BCH, FL	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	SD	(X) Change ( ) Addition
Name:	LAPPIN, BARBARA	
Address:	347 CAMDEN O	
City-St-Zip:	WEST PALM BEACH, FL 33417	
Title:	T	(X) Change ( ) Addition
Name:	GIVENS, DAVID	
Address:	345 CAMDEN O	
City-St-Zip:	WPB, FL 33417 US	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DONNIE BOHANNON PRES 03/01/2009
Electronic Signature of Signing Officer or Director — Date