

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2005 8:00 am
Secretary of State

04-11-2005 90195 036 ****61.25

DOCUMENT # 759048

1. Entity Name
THE CAMPBELL TOWNHOMES ASSOCIATION, INC.



Principal Place of Business
4521 MRECAO DR
SEBRING, FL 33872

Mailing Address
4521 MRECAO DR
SEBRING, FL 33872

50036715



2. Principal Place of Business

4521 Mercado Dr

3. Mailing Address

4521 Mercado Dr

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01232005 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number
59-2726062

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

**WAGNER, DENISE
4521 MERCADO DRIVE
SEBRING, FL 33872**

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, 2005**

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 **STD** ☒ Delete
NAME **MCCRON, ROBERT**
STREET ADDRESS **4531 MERCADO DR**
CITY-ST-ZIP **SEBRING, FL 33872**

TITLE **D** ☐ Delete
NAME **WAGNER, DENISE**
STREET ADDRESS **4521 MERCADO DR.**
CITY-ST-ZIP **SEBRING, FL 33872**

TITLE **PD** ☐ Delete
NAME **PINTO, ARTHUR**
STREET ADDRESS **4527 MERCADO DRIVE**
CITY-ST-ZIP **SEBRING, FL 33872**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME **D. DAVID LOVETT**
STREET ADDRESS **4525 Mercado Dr**
CITY-ST-ZIP **Sebring FL 33872**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Denise Wagner
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Director

Date

Daytime Phone #

863 382 1065