

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 14, 2008 8:00 am**  
**Secretary of State**

03-14-2008 90037 006 \*\*\*\*61.25

<b>DOCUMENT # 762035</b> 1. Entity Name <b>CAMP-A-WYLE CONDOMINIUM ASSOCIATION, INC.</b>					
Principal Place of Business <b>9206 GRIZZLEY BEAR LANE</b> <b>WEEKI WACHEE, FL 34613 US</b>			Mailing Address <b>9206 GRIZZLY BEAR LANE</b> <b>WEEKI WACHEE, FL 34613 US</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>59-2272900</b>	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>DZURKO, CONNIE</b> <b>9206 GRIZZLY BEAR LN</b> <b>WEEKI WACHEE, FL 34613</b>			7. Name and Address of New Registered Agent Name <b>EBERSOLE, JAMES</b> Street Address (P.O. Box Number is Not Acceptable) <b>9428 COUGAR DR.</b> City <b>WEEKI WACHEE FL</b> Zip Code <b>34613</b>		
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>James C. Ebersole</i></u> <b>JAMES EBERSOLE</b> <u>3/10/08</u> <small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE)</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
Make check payable to <b>Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DZURKO, CONNIE 9293 GRIZZLY BEAR LANE WEEKI WACHEE, FL 34613	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT EBERSOLE, JAMES 9428 COUGAR DR. WEEKI WACHEE, FL 34613	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HATCHEL, BILLY 9502 BLACK BAIR WEEKI WACHEE, FL 34613	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT CLARK, BERNARD 9533 GRAY FOX DR. WEEKI WACHEE, FL 34613	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	NT BETLER, ALBERT 9305 GRIZZLY BEAR LN. WEEKI WACHEE, FL 34613	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY GRESCHOW, JANICE 9536 GRAY FOX DR. WEEKI WACHEE, FL 34613	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FERRIS, KIM 6423 TOLEDO ROAD SPRING HILL, FL 34606	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER BETLER, ALBERT 9305 GRIZZLY BEAR LANE WEEKI WACHEE, FL 34613	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HOBBS, MARY 9322 GRIZZLY BEAR LANE WEEKI WACHEE, FL 34613	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASSIST. SECRETARY FERRIS, KIM 6423 TOLEDO RD. SPRING HILL, FL 34606	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input 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: <u><i>James C. Ebersole</i></u> <b>JAMES EBERSOLE</b> <u>3/10/08</u> <u>597-9888</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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