


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 17, 2007 8:00 am
Secretary of State

04-17-2007 90243 030 ****61.25

DOCUMENT # 763102 1. Entity Name THE CAMERON CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 505 N RIVERSIDE DR. POMPANO BEACH FL 33062 US		Mailing Address P. O. BOX 11194 POMPANO BEACH FL 33061 US			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2267790	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BLOUIN, MARC A 1000E ATLANTIC BLVD STE. 205E POMPANO BEACH FL 33060			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 obligation of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
FILE NOW: FEE IS \$61.25 Due By May 1, 2007		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					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BLOUIN, MARC A	NAME			
STREET ADDRESS	505 N RIVERSIDE DR., #19	STREET ADDRESS			
CITY-ST-ZIP	POMPANO BEACH FL 33062	CITY-ST-ZIP			
TITLE	TRD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BARDHI, PETER	NAME			
STREET ADDRESS	505 N RIVERSIDE DR., #17	STREET ADDRESS			
CITY-ST-ZIP	POMPANO BEACH FL 33062	CITY-ST-ZIP			
TITLE	VPD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	USSERY, ROBERT	NAME			
STREET ADDRESS	505 N RIVERSIDE DR., #4	STREET ADDRESS			
CITY-ST-ZIP	POMPANO BCH FL 33062	CITY-ST-ZIP			
TITLE	AS <input checked="" type="checkbox"/> Delete	TITLE	AS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	BLOUIN, LUCILLE	NAME	Brault Nicole		
STREET ADDRESS	891 FAIRWAY DR	STREET ADDRESS	790 Chip Ave.		
CITY-ST-ZIP	POMPANO BEACH FL 33069	CITY-ST-ZIP	Pompano Beach F1 33069		
TITLE	SD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	OLEVER, JAN	NAME			
STREET ADDRESS	3407 BEACON ST	STREET ADDRESS			
CITY-ST-ZIP	POMPANO BEACH FL 33062	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	NORBERT, ANDRE	NAME			
STREET ADDRESS	505 N RIVERSIDE DR UNIT 7	STREET ADDRESS			
CITY-ST-ZIP	POMPANO BEACH FL 33062	CITY-ST-ZIP			



1st MOORE CR2E037 (10/06)

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *[Signature]* 04/04/07 954-781-8141
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Post-Office Phone #