


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
May 09, 2008 8:00 am
Secretary of State

05-09-2008 90008 032 ****61.25

DOCUMENT # 763102
1. Entity Name
THE CAMERON CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business Mailing Address
**505 N RIVERSIDE DR.
POMPANO BEACH FL 33062
US** **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.
505 N RIVERSIDE DR

1st MOORE CR2E037 (10/07)

City & State City & State
POMPANO BEACH FL
Zip Country Zip Country
33062 US

4. FEI Number Applied For
59-2267790 Not Applicable
5. Certificate of Status Desired **\$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 obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW - FEE IS \$61.25
Due By May 1, 2008

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	PD	<input type="checkbox"/> Delete
NAME	BLOUIN, MARC A	
STREET ADDRESS	505 N RIVERSIDE DR., #19	
CITY-ST-ZIP	POMPANO BEACH FL 33062	
TITLE	TRD	<input checked="" type="checkbox"/> Delete
NAME	BARDHI, PETER	
STREET ADDRESS	505 N RIVERSIDE DR., #17	
CITY-ST-ZIP	POMPANO BEACH FL 33062	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	USSERY, ROBERT	
STREET ADDRESS	505 N RIVERSIDE DR., #4	
CITY-ST-ZIP	POMPANO BCH FL 33062	
TITLE	AS	<input type="checkbox"/> Delete
NAME	BRAULT, NICOLE	
STREET ADDRESS	790 CHIP AVE	
CITY-ST-ZIP	POMPANO BEACH FL 33069	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	OLEVER, JAN	
STREET ADDRESS	3407 BEACON ST	
CITY-ST-ZIP	POMPANO BEACH FL 33062	
TITLE	D	<input type="checkbox"/> Delete
NAME	NORBERT, ANDRE	
STREET ADDRESS	505 N RIVERSIDE DR UNIT 7	
CITY-ST-ZIP	POMPANO BEACH FL 33062	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TRD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAPINTE PIERRE	
STREET ADDRESS	505 N RIVERSIDE DR # 11	
CITY-ST-ZIP	POMPANO BEACH FL 33062	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PERRON CLAUDE	
STREET ADDRESS	505 N RIVERSIDE DR UNIT 10	
CITY-ST-ZIP	POMPANO BEACH FL 33062	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 MARC A BLOUIN **R A MARC A BLOUIN** 04/23/08 754-786-8141

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Contact Phone #