

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 763102

FILED  
Apr 09, 2009  
Secretary of State

Entity Name: THE CAMERON CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

505 N RIVERSIDE DR.  
POMPANO BEACH, FL 33062 US

**New Principal Place of Business:**

**Current Mailing Address:**

505 N RIVERSIDE DR.  
POMPANO BEACH, FL 33062 US

**New Mailing Address:**

2 HIDDEN FARM DR..  
WORCESTER, MA 01609 US

FEI Number: 59-2267790

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BLOUIN, MARC A  
1000E ATLANTIC BLVD  
STE. 205E  
POMPANO BEACH, FL 33060 US

**Name and Address of New Registered Agent:**

BARDHI, PETER T  
505 N. RIVERSIDE DR  
APT # 17  
POMPANO BEACH, FL 33062 US

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: PETER T BARDHI

04/09/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: BLOUIN, MARC A  
Address: 505 N RIVERSIDE DR., #19  
City-St-Zip: POMPANO BEACH, FL 33062

Title: TRD ( ) Delete  
Name: LAPOINTE, PIERRE  
Address: 505 N RIVERSIDE DR #11  
City-St-Zip: POMPANO BEACH, FL 33062

Title: VPD ( ) Delete  
Name: USSERY, ROBERT  
Address: 505 N RIVERSIDE DR., #4  
City-St-Zip: POMPANO BCH, FL 33062

Title: AS ( ) Delete  
Name: BRAULT, NICOLE  
Address: 790 CHIP AVE  
City-St-Zip: POMPANO BEACH, FL 33069

Title: SD ( ) Delete  
Name: PERRON, CLAUDE  
Address: 505 N RIVERSIDE DR UNIT IC  
City-St-Zip: POMPANO BEACH, FL 33062

Title: D ( ) Delete  
Name: NORBERT, ANDRE  
Address: 505 N RIVERSIDE DR UNIT 7  
City-St-Zip: POMPANO BEACH, FL 33062

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: SEC (X) Change ( ) Addition  
Name: BARDHI, PETER T  
Address: 505 N RIVERSIDE DR., #17  
City-St-Zip: POMPANO BEACH, FL 33062

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: PETER T BARDHI

SEC

04/09/2009

Electronic Signature of Signing Officer or Director

Date