2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 11, 2009
Secretary of State

DOCUMENT# 763850

Entity Name: CAMACHEE ISLAND I CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

1324 KINSINGTON CT
SAINT AUGUSTINE, FL 32084

New Principal Place of Business:

Current Mailing Address:

PO BOX 762
SAINT AUGUSTINE, FL 32085 US

New Mailing Address:

FEI Number: 59-2309109 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

COLE, PHILLIP J
PROPERTY MANAGER
1324 KINSINGTON COURT
SAINT AUGUSTINE, FL 32084 US

Name and Address of New Registered Agent:

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: _____
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	P	( ) Delete
Name:	BILLON, MARY JANE	
Address:	3434 HARBOR DRIVE	
City-St-Zip:	ST AUGUSTINE, FL 32084	
Title:	VP	( ) Delete
Name:	FRIBOURG, DONALD	
Address:	3218 HARBOR DRIVE	
City-St-Zip:	ST AUGUSTINE, FL 32084	
Title:	D	( ) Delete
Name:	GOULD, MARTIN	
Address:	3115 HARBOR DRIVE	
City-St-Zip:	ST AUGUSTINE, FL 32084	
Title:	D	( ) Delete
Name:	KING, SUSAN	
Address:	3325 HARBOR DRIVE	
City-St-Zip:	ST AUGUSTINE, FL 32084	
Title:	D	( ) Delete
Name:	MASON, GRAY	
Address:	3325 HARBOR DRIVE	
City-St-Zip:	ST AUGUSTINE, FL 32084	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	VP-S	(X) Change ( ) Addition
Name:	DILLON, MARY JANE	
Address:	3434 HARBOR DRIVE	
City-St-Zip:	ST AUGUSTINE, FL 32084	
Title:	D	(X) Change ( ) Addition
Name:	FRIBOURG, DONALD	
Address:	3218 HARBOR DRIVE	
City-St-Zip:	ST AUGUSTINE, FL 32084	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	P	(X) Change ( ) Addition
Name:	MASON, GRAY	
Address:	3431 HARBOR DRIVE	
City-St-Zip:	ST AUGUSTINE, FL 32084	

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: GRAY MASON PRES 03/11/2009
Electronic Signature of Signing Officer or Director — Date