

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 765219

FILED
Jan 04, 2006
Secretary of State

Entity Name: CAMARON COVE RESORT CONDOMINIUM ASSOCIATION, INC

Current Principal Place of Business:

2402 N. GULF BLVD
INDIAN ROCKS BEACH, FL 33785 US

New Principal Place of Business:

Current Mailing Address:

2402 N. GULF BLVD
INDIAN ROCKS BEACH, FL 33785 US

New Mailing Address:

FEI Number: 59-2318940

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

D&B CORPORATE SERVICE INC
5999 CENTRAL AVE. SUITE 202
ST. PETERSBURG, FL 33710 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: VD () Delete
Name: LARKIN, EDWIN
Address: 2402 N GULF BLVD
City-St-Zip: INDIAN ROCKS BEACH, FL 33785

Title: PD () Delete
Name: HESSLER, MICHAEL,
Address: 2402 N GULF BLVD
City-St-Zip: INDIAN ROCKS BEACH, FL 33785

Title: ST () Delete
Name: JOHN, MEANS
Address: 2402 N GULF BLVD
City-St-Zip: INDIAN ROCKS BEACH, FL 33785

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: LARKIN, EDWIN
Address: 2402 N GULF BLVD
City-St-Zip: INDIAN ROCKS BEACH, FL 33785

Title: S/T (X) Change () Addition
Name: MEANS, KAY
Address: 2402 N GULF BLVD
City-St-Zip: INDIAN ROCKS BEACH, FL 33785

Title: VP (X) Change () Addition
Name: PARSONS, ALLAN
Address: 2402 N GULF BLVD
City-St-Zip: INDIAN ROCKS BEACH, FL 33785

I hereby certify that the information supplied with this filing does not qualify for the 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: ED LARKIN

P

01/04/2006

Electronic Signature of Signing Officer or Director

Date