

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 765219

FILED  
Jan 03, 2007  
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:**

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

**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:**

D&B CORPORATE SERVICE, INC  
5999 CENTRAL AVE.  
SUITE 202  
ST. PETERSBURG, FL 33710 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: BRIAN DEEB

01/03/2007

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

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

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

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

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

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 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: EDWIN LARKIN

P

01/03/2007

Electronic Signature of Signing Officer or Director

Date