

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F07000006172

1. Entity Name  
CAMP H2O, INC.



**FILED**  
**Jul 14, 2008 08:00 AM**  
**Secretary of State**

Principal Place of Business  
775 GALLEON DRIVE  
NAPLES, FL 34102

Mailing Address  
775 GALLEON DRIVE  
NAPLES, FL 34102



07072008 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

|   |                                |
|---|--------------------------------|
| 4. FEI Number<br>77-0707343                               | Applied For<br>Not Applicable  |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

**6. Name and Address of Current Registered Agent**

LOWTHER, RUTH E  
775 GALLEON DRIVE  
NAPLES, FL 34102

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

**Filing Fee is \$61.25**  
**Due by September 12, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be**  
**Added to Fees**

**10. OFFICERS AND DIRECTORS**

|  |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DP<br>JOHNSTON, JAMES A<br>775 GALLEON DRIVE<br>NAPLES, FL 34102                  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DT<br>EMBREE, KEITH M<br>775 GALLEON DRIVE<br>NAPLES, FL 34102                    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | SD<br>LOWTHER, RUTH E<br>267 GLEN EAGLE CIRCLE<br>NAPLES, FL 34104                |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>THOMPSON, RONALD<br>REEF DIVERS P.O. BOX 51<br>LITTLE CAYMAN CAYMAN ISLANDA, |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>PIERRE VAN DONGEN, JOHN DR<br>655 16TH AVE SOUTH<br>NAPLES, FL 34102         |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>CURTIS, LAWRENCE E<br>PO BOX 900<br>NAPLES, FL 34110                         |

U00000954562  
07/14/08-80007-005 61.25

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

239  
7-10-08 649-8944