

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000006172

FILED  
Jan 15, 2009  
Secretary of State

Entity Name: CAMP H20, INC.

## Current Principal Place of Business:

775 GALLEON DRIVE  
NAPLES, FL 34102

## New Principal Place of Business:

267 GLEN EAGLE CIRCLE  
NAPLES, FL 34104

## Current Mailing Address:

775 GALLEON DRIVE  
NAPLES, FL 34102

## New Mailing Address:

267 GLEN EAGLE CIRCLE  
NAPLES, FL 34104

FEI Number: 77-0707343

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

LOWTHER, RUTH E  
775 GALLEON DRIVE  
NAPLES, FL 34102 US

## Name and Address of New Registered Agent:

LOWTHER, RUTH E  
267 GLEN EAGLE CIRCLE  
NAPLES, FL 34104 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: RUTH E. LOWTHER

01/15/2009

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: DP ( ) Delete  
Name: JOHNSTON, JAMES A  
Address: 775 GALLEON DRIVE  
City-St-Zip: NAPLES, FL 34102

Title: DT ( ) Delete  
Name: EMBREE, KEITH M  
Address: 775 GALLEON DRIVE  
City-St-Zip: NAPLES, FL 34102

Title: SD ( ) Delete  
Name: LOWTHER, RUTH E  
Address: 267 GLEN EAGLE CIRCLE  
City-St-Zip: NAPLES, FL 34104

Title: D ( ) Delete  
Name: THOMPSON, RONALD  
Address: REEF DIVERS P.O. BOX 51  
City-St-Zip: LITTLE CAYMAN CAYMAN ISLANDA,

Title: D ( ) Delete  
Name: PIERRE VAN DONGEN, JOHN DR  
Address: 655 16TH AVE SOUTH  
City-St-Zip: NAPLES, FL 34102

Title: D ( ) Delete  
Name: CURTIS, LAWRENCE E  
Address: PO BOX 900  
City-St-Zip: NAPLES, FL 34110

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change ( ) Addition  
Name: JOHNSTON, JAMES A  
Address: 267 GLEN EAGLE CIRCLE  
City-St-Zip: NAPLES, FL 34104

Title: DT (X) Change ( ) Addition  
Name: EMBREE, KEITH M  
Address: 267 GLEN EAGLE CIRCLE  
City-St-Zip: NAPLES, FL 34104

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: RUTH E. LOWTHER

SD

01/15/2009

Electronic Signature of Signing Officer or Director

Date