
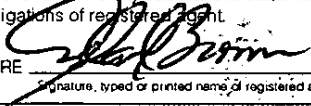
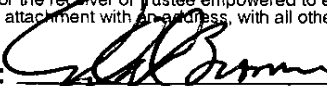


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 31, 2005 8:00 am
Secretary of State

03-31-2005 90039 014 ****61.25

DOCUMENT # N00000000400 1. Entity Name EL CAMBA HOMEOWNERS ASSOCIATION, INC.			
Principal Place of Business 1841 GEORGE JENKINS BOULEVARD LAKELAND FL 33815		Mailing Address LINDA JONES 407 EL CAMBA M H P LAKELAND FL 33815	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address CHARLES W. BROWN Suite, Apt. #, etc. 1831 CHRISTOPHER WAYNE ST	
City & State LAKELAND, FL		City & State LAKELAND, FL	
Zip 33815		Zip 33815	
Country USA		Country USA	
4. FEI Number 59-3628711		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent JONES, LINDA 407 EL CAMBA M H P LAKELAND FL 33815-3705		7. Name and Address of New Registered Agent Name CHARLES W. BROWN Street Address (P.O. Box Number is Not Acceptable) 1831 CHRISTOPHER WAYNE ST City LAKELAND	
State FL		Zip Code 33815	
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  PRES. EL CAMBA HOA DATE 3-7-05 <small>(NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW: FEE IS \$61.25 Due By May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make Check Payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE PPD NAME JONES, DEAN STREET ADDRESS 407 EL CAMBA M H P CITY-ST-ZIP LAKELAND FL 33815	<input checked="" type="checkbox"/> Delete	TITLE PRES-DIRECTOR NAME CHARLES W. BROWN STREET ADDRESS 1831 CHRISTOPHER WAYNE ST CITY-ST-ZIP LAKELAND, FL 33815	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE VD NAME BROWN, CHARLIE STREET ADDRESS 311 EL CAMBA MHD CITY-ST-ZIP LAKELAND FL 33815-3705	<input type="checkbox"/> Delete	TITLE PAST PRES DIRECTOR NAME MARY SIEMEN STREET ADDRESS 162 BRITANNY NICOLE DR CITY-ST-ZIP LAKELAND, FL 33815	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE PD NAME SIEMEN, MARY STREET ADDRESS 307 EL CAMBA CITY-ST-ZIP LAKELAND FL 33815	<input type="checkbox"/> Delete	TITLE VP-DIR NAME JAMES MCKITTRICK STREET ADDRESS 165 BRITANNY NICOLE DR CITY-ST-ZIP LAKELAND, FL 33815	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE TD NAME SHELL, JOAN STREET ADDRESS 409 EL CAMBA M H P CITY-ST-ZIP LAKELAND FL 33815	<input type="checkbox"/> Delete	TITLE VP-DIR NAME DONALD EVANS STREET ADDRESS 172 ALEXIS AVE CITY-ST-ZIP LAKELAND, FL 33815	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE VD NAME JONES, LINDA STREET ADDRESS 407 EL CAMBA M H P CITY-ST-ZIP LAKELAND FL 33815	<input checked="" type="checkbox"/> Delete	TITLE T-DIR NAME JOAN SHELL STREET ADDRESS 171 ALEXIS AVE CITY-ST-ZIP LAKELAND, FL 33815	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE SD NAME SIEMEN, ANGIE STREET ADDRESS 300 EL CAMBA MHP CITY-ST-ZIP LAKELAND FL 33815-3705	<input checked="" type="checkbox"/> Delete	TITLE S+D NAME DONNA HILTON STREET ADDRESS 180 ALEXIS AVE CITY-ST-ZIP LAKELAND FL 33815	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  PRES-DIR		DATE: 3-7-05 DAYTIME PHONE: 863-688-1656	