

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 18, 2008 8:00 am**  
**Secretary of State**

02-18-2008 90012 002 \*\*\*\*61.25

<b>DOCUMENT # N00000000400</b> 1. Entity Name <b>EL CAMBA HOMEOWNERS ASSOCIATION, INC.</b>					
Principal Place of Business <b>1841 GEORGE JENKINS BOULEVARD LAKELAND, FL 33815</b>			Mailing Address <b>CHARLES W BROWN 1831 CHRISTOPHER WAYNE ST LAKELAND, FL 33815 US</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State		City & State		01092008 Chg-NP CR2E037 (12/06)	
Zip Country		Zip Country		4. FEI Number <b>59-3628711</b>	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>BROWN, CHARLES W 1831 CHRISTOPHER WAYNE ST LAKELAND, FL 33815-3705</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BROWN, CHARLES W 1831 CHRISTOPHER WAYNE ST LAKELAND, FL 33815	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD MCKITTRICK, JAMES 165 BRITTANY NICOLE DR LAKELAND, FL 338153705	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	1ST V.P. DONNA HILTON 180 ALEXIS AVE LAKELAND, FL 33815
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PPD SIEMEN, MARY 162 BRITTANY NICOLE DR LAKELAND, FL 33815	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SIEMEN, JOHN 162 BRITTANY NICOLE DRIVE LAKELAND, FL 33815	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD EVANS, DONALD 172 ALEXIS AVE LAKELAND, FL 33815	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD REMINGTON, MIGNON 123 ISBELL BATES DRIVE LAKELAND, FL 33815	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD JUDY VIVIANO 1822 CHRISTOPHER WAYNE ST LAKELAND, FL 33815
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 to this address, with all other like empowered.					
<b>SIGNATURE:</b> <b>CHARLES W. BROWN</b> <span style="float: right;">2-13-08 863 688 1476</span>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <span style="float: right;">Date Daytime Phone #</span>					