


**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 01, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N02000001999</b> 1. Entity Name <b>CAMPERDOWN HIGH SCHOOL PAST STUDENTS' ASSOCIATION FLORIDA CHAPTER, INC.</b>	
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Principal Place of Business  
**2712 CASABLANCA DRIVE  
MIRAMAR, FL 33023**

Mailing Address  
**POST OFFICE BOX 245086  
PEMBROKE PINES, FL 33024**



02052007 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>01-0640797</b>	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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**6. Name and Address of Current Registered Agent**

**COOPER, MICHELLE  
2712 CASABLANCA DRIVE  
MIRAMAR, FL 33023**

**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 reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution ☐

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

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD COOPER, MICHELLE 2712 CASABLANCA DRIVE MIRAMAR, FL 33023
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD CUNNINGHAM, ALLAN 12050 NW 18TH STREET PLANTATION, FL 33323
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WILLIAMS, DAWN 17376 SW 20TH STREET MIRAMAR, FL 33029
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SIMPSON, FAITH 3453 SE JAKE COURT 142 STUART, FL 34994
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT DORMER, SHARON 5901 NW 16TH STREET SUNRISE, FL 33313
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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03/12/07-80033-020 70.00

**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 #

*Faith Simpson* **Faith Simpson** **2/10/07** **242-5490**  
(954)