

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000007447

FILED  
Jan 04, 2006  
Secretary of State

**Entity Name:** CAMPHOR COVE HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

1515 CAMPHOR COVE DR  
LUTZ, FL 33549 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 431  
LUTZ, FL 335480431 US

**New Mailing Address:**

**FEI Number:** 43-2058444

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HOBBS, ROBERT S  
3719 SWANN AVENUE  
TAMPA, FL 33609 US

**Name and Address of New Registered Agent:**

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:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: DULIBA, JEFFREY L  
Address: 1523 CAMPHOR COVE DR  
City-St-Zip: LUTZ, FL 33549

Title: VD ( ) Delete  
Name: SHIPMAN, SHEILA  
Address: 1536 CAMPHOR COVE DR  
City-St-Zip: LUTZ, FL 33549

Title: TD ( ) Delete  
Name: DEMERCHANT, DAVID  
Address: 1515 CAMPHOR COVE DR  
City-St-Zip: LUTZ, FL 33549

Title: S ( ) Delete  
Name: RIVERA, WENDY  
Address: 1531 CAMPHOR COVE DR  
City-St-Zip: LUTZ, FL 33549

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: PAILLE, LEO  
Address: 1527 CAMPHOR COVE DR  
City-St-Zip: LUTZ, FL 33549

Title: VD (X) Change ( ) Addition  
Name: DANIEL, EDDIE  
Address: 1519 CAMPHOR COVE DR  
City-St-Zip: LUTZ, FL 33549

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 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: DAVID DEMERCHANT

TD

01/04/2006

Electronic Signature of Signing Officer or Director

Date