# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Jan 12, 2007**
**Secretary of State**

DOCUMENT# N04000007447

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

**Current Principal Place of Business:**

1515 CAMPHER COVE DR
LUTZ, FL 33549 US

**New Principal Place of Business:**

1515 CAMPHOR COVE DR
LUTZ, FL 33549 US

**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: PAILLE, LEO
Address: 1527 CAMPHOR COVE DR
City-St-Zip: LUTZ, FL 33549

Title: VD ( ) Delete
Name: DANIEL, EDDIE
Address: 1519 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: SHIPMAN, SHEILA
Address: 1536 CAMPHOR COVE DR
City-St-Zip: LUTZ, FL 33549

Title: VD (X) Change ( ) Addition
Name: SPINDLE, MICHAEL
Address: 1544 CAMPHOR COVE DR
City-St-Zip: LUTZ, FL 33549

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

Title: S (X) Change ( ) Addition
Name: MERRILL, STACY
Address: 1524 CAMPHOR COVE DR
City-St-Zip: LUTZ, FL 33549

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 J. DEMERCHANT TD 01/12/2007

Electronic Signature of Signing Officer or Director — Date