2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000007447

FILED Jan 04, 2008 Secretary of State

Entity Name: CAMPHOR COVE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

1515 CAMPHOR COVE DR LUTZ, FL 33549 US

Current Mailing Address: New Mailing Address:

PO BOX 431 LUTZ, FL 335480431 US

FEI Number: 43-2058444 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

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

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:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete Title: PD (X) Change () Addition Name: SHIPMAN, SHEILA Name: LEDDY, SEAN M

 Address:
 1536 CAMPHOR COVE DR
 Address:
 1515 CAMPHOR COVE DR

 City-St-Zip:
 LUTZ, FL 33549
 City-St-Zip:
 LUTZ, FL 33549 US

Title: VD () Delete Title: VD (X) Change () Addition

 Name:
 SPINDLE, MICHAEL
 Name:
 FESSENDEN, VIVIAN

 Address:
 1544 CAMPHOR COVE DR
 Address:
 1511 CAMPHOR COVE DR

 City-St-Zip:
 LUTZ, FL 33549
 City-St-Zip:
 LUTZ, FL 33549 US

Title: TD () Delete Title: TD (X) Change () Addition
Name: DEMERCHANT, DAVID J

Address: 1545 CAMBLIOR COVE DR

 Address:
 1515 CAMPHOR COVE DR
 Address:
 1515 CAMPHOR COVE DR

 City-St-Zip:
 LUTZ, FL 33549
 City-St-Zip:
 LUTZ, FL 33549 US

Title: S () Delete Title: S (X) Change () Addition
Name: MERRILL, STACY Name: MERRILL, STACY

Address: 1524 CAMPHOR COVE DR Address: 1524 CAMPHOR COVE DR
City-St-Zip: LUTZ, FL 33549 City-St-Zip: LUTZ, FL 33549 US

I hereby certify that the information supplied with this filing does not qualify 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 01/04/2008