

**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 29, 2006 8:00 am**  
**Secretary of State**

03-29-2006 90140 001 \*\*\*\*61.25

**DOCUMENT # N04000010944**

1. Entity Name  
**CAMPFIELD HOMEOWNERS ASSOCIATION, INC.**



Principal Place of Business  
**6320 ST AUGUSTINE RD STE 6B  
JACKSONVILLE, FL 32217**

Mailing Address  
**6320 ST AUGUSTINE RD STE 6B  
JACKSONVILLE, FL 32217**

**30007050**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01182006

Chg-NP

CR2E037 (11/05)

City & State

City & State

4. FEI Number

**65-1242007**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DE FURIO, JAMES R ESQ  
201 E KENNEDY BLVD STE 1460  
TAMPA, FL 33602-7800**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

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

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, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☒ Delete  
NAME GENOVESE, BILL  
STREET ADDRESS 5210 BELFORT ROAD, SUITE 400  
CITY-ST-ZIP JACKSONVILLE, FL 32256

TITLE ☐ Change ☒ Addition  
NAME **P Patricia Kelly**  
STREET ADDRESS **2235 Royal Fern Lane S.**  
CITY-ST-ZIP **Jacksonville, FL. 32223**

TITLE V ☒ Delete  
NAME WATSON, BILL  
STREET ADDRESS 5210 BELFORT ROAD, SUITE 400  
CITY-ST-ZIP JACKSONVILLE, FL 32256

TITLE ☐ Change ☒ Addition  
NAME **Cameron French**  
STREET ADDRESS **11168 Campfield Circle**  
CITY-ST-ZIP **Jacksonville, FL. 32256**

TITLE TS ☒ Delete  
NAME MASTERS, AUDREY  
STREET ADDRESS 5210 BELFORT ROAD, SUITE 400  
CITY-ST-ZIP JACKSONVILLE, FL 32256

TITLE ☐ Change ☒ Addition  
NAME **Michael Hall**  
STREET ADDRESS **11174 Campfield Circle**  
CITY-ST-ZIP **Jacksonville, FL. 32256**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
NAME **Michael Hart**  
STREET ADDRESS **11205 Campfield Circle**  
CITY-ST-ZIP **Jacksonville, FL. 32256**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

*Patricia M. Kelly*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**1/24/06**