

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2007 8:00 am
Secretary of State

04-26-2007 90239 045 ****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	
2. Principal Place of Business - No P.O. Box # 11555 CENTRAL PARKWAY		3. Mailing Address 11555 CENTRAL PARKWAY			
Suite, Apt. #, etc. 603		Suite, Apt. #, etc. 603			
City & State JACKSONVILLE, FL		City & State JACKSONVILLE, FL			
Zip 32224		Country DUVAL		4. FEI Number 65-1242007	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent DE FURIO, JAMES R ESQ 201 E KENNEDY BLVD STE 1460 TAMPA, FL 33602-7800			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;">FL Zip Code</div>		
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 _____ (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 <input type="checkbox"/>		\$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 NAME STREET ADDRESS CITY-ST-ZIP	P KELLY, PATRICIA FERN 2285 ROYAL FERN LN SOUTH JACKSONVILLE, FL 32223 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KELLY, PATRICIA 2285 ROYAL FERN LANE SOUTH JACKSONVILLE, FL 32223 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V FRENCH, CAMERON 11168 CAMPFIELD CIR JACKSONVILLE, FL 32256 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HALL, MICHAEL 11174 CAMPFIELD CIR JACKSONVILLE, FL 32256 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HART, MICHAEL 11205 CAMPFIELD CIR JACKSONVILLE, FL 32256 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	S AFGHANI, HOOMAN 11203 CAMPFIELD CIRCLE JACKSONVILLE FL 32256 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <i>Patricia M. Kelly</i>			Date 4/18/07 Daytime Phone # 904-363-6400		