

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 22, 2008 8:00 am**  
**Secretary of State**

04-22-2008 90024 032 \*\*\*\*61.25

<b>DOCUMENT # N04000010944</b> 1. Entity Name <b>CAMPFIELD HOMEOWNERS ASSOCIATION, INC.</b>					
Principal Place of Business <b>11555 CENTRAL PARKWAY SUITE 603 JACKSONVILLE, FL 32224</b>			Mailing Address <b>11555 CENTRAL PARKWAY SUITE 503 JACKSONVILLE, FL 32224</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State		City & State		02122008    Chg-NP    CR2E037 (12/06)	
4. FEI Number <b>65-1242007</b>		Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>			
<b>6. Name and Address of Current Registered Agent</b> <b>DE FURIO, JAMES R ESQ</b> <b>201 E KENNEDY BLVD STE 1460</b> <b>TAMPA, FL 33602-7800</b>					
<b>7. Name and Address of New Registered Agent</b> Name <b>Ron Cotterill</b> Street Address (P.O. Box Number is Not Acceptable) <b>1010 N. Florida Ave.</b> City <b>Tampa</b> FL    Zip Code <b>33602</b>					
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 <b>Ron Cotterill</b> DATE <b>4-14-08</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>					
TITLE	<b>P</b> <b>PATRICIA, KELLY</b> <input type="checkbox"/> Delete <b>2285 ROYAL FERN LANE SOUTH</b> <b>JACKSONVILLE, FL 32223</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	<b>T</b> <b>HART, MICHAEL</b> <input type="checkbox"/> Delete <b>11205 CAMPFIELD CIR</b> <b>JACKSONVILLE, FL 32256</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	<b>S</b> <b>HOOMAN, AFGHANI</b> <input type="checkbox"/> Delete <b>11203 CAMFIELD CIRCLE</b> <b>JACKSONVILLE, FL 32256</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>					
TITLE	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
<b>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.</b>					
<b>SIGNATURE:</b> <b>Harman Afghani</b> Date <b>3/26/08</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					