2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000010944

Entity Name: CAMPFIELD HOMEOWNERS ASSOCIATION, INC.

FILED Mar 19, 2009 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:			
11555 CENTRAL PARKWAY SUITE 603 JACKSONVILLE, FL 32224				6620 SOUTHPOINT DRIVE S SUITE 610 JACKSONVILLE, FL 32216			
Current Mailing Address:				New Mailing Address:			
11555 CENTRAL PARKWAY SUITE 503 JACKSONVILLE, FL 32224			6620 SOUTHPOINT DRIVE S SUITE 610 JACKSONVILLE, FL 32216				
FEI Number:	65-1242007	FEI Number Applied For ()	FEI Numb	oer Not Applic	cable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
TAMPA, FL	ORIDA AVE. 33602 US		rpose of	changing its	s registered	d office or registered agent, or both,	
SIGNATUR	RE:						
Electronic Signature of Registered Agent				Date			
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS			
Title: Name: Address: City-St-Zip:	P () Delete PATRICIA, KELLY 2285 ROYAL FERN LANE SOUTH JACKSONVILLE, FL 32223		1	Fitle: Name: Address: City-St-Zip:	VP (X) Change () Addition OGUNSAN, ATINUKE 11247 CAMPFIELD CIR JACKSONVILLE, FL 32256		
Title: Name: Address: City-St-Zip:	T () HART, MICHAEL 11205 CAMPFIE JACKSONVILLE	ELD CIR	1	Fitle: Name: Address: Dity-St-Zip:	M HART, MICH 11205 CAMI JACKSONVI		
Title: Name: Address: City-St-Zip:	S () HOOMAN, AFGH 11203 CAMFIEL JACKSONVILLE	.D CIRCLE	1	Fitle: Name: Address: City-St-Zip:		(X) Change () Addition IFGHANI FIELD CIRCLE ILLE, FL 32256	
Title: Name: Address: City-St-Zip:	()	Delete	1 4	Fitle: Name: Address: Dity-St-Zip:	S BENEDICT, 11324 CAMI JACKSONVI		
Title: Name: Address: City-St-Zip:	()	Delete	1 4	Fitle: Name: Address: Dity-St-Zip:	T PATEL, BHA 11274 CAMI JACKSONVI		

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: JESSICA FERGUSON PM 03/19/2009