
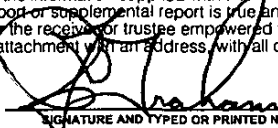


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2007 8:00 am
Secretary of State

04-13-2007 90188 032 ****61.25

DOCUMENT # N04000010946					
1. Entity Name CAMPFIELD CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 5210 BELFORT ROAD SUITE 400 JACKSONVILLE, FL 32256			Mailing Address 6320 ST AUGUSTINE RD SUITE 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 51-0550946	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent STERLING MANAGMENT 6320 ST AUGUSTINE RD SUITE 6B JACKSONVILLE, FL 32217			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 11555 CENTRAL PARKWAY STE 603 City JACKSONVILLE FL Zip Code 32224		
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 <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 PD	NAME GENOVESE, BILL	<input checked="" type="checkbox"/> Delete	TITLE P	NAME Ray Graham	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 5210 BELFORT ROAD, SUITE 400	JACKSONVILLE, FL 32256		STREET ADDRESS 11251 Campbell Rd Dr. 1308	Jacksonville, FL 32256	
CITY-ST-ZIP	JACKSONVILLE, FL 32256		CITY-ST-ZIP	Jacksonville, FL 32256	
TITLE VP	NAME COVELL, RICK	<input checked="" type="checkbox"/> Delete	TITLE V	NAME Patricia Terry	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 5210 BELFORT ROAD, SUITE 400	JACKSONVILLE, FL 32256		STREET ADDRESS 11251 Campbell Dr 2404	Jacksonville, FL 32256	
CITY-ST-ZIP	JACKSONVILLE, FL 32256		CITY-ST-ZIP	Jacksonville, FL 32256	
TITLE TS	NAME BRATVOLD, VICKI	<input checked="" type="checkbox"/> Delete	TITLE J	NAME Laura Flourney	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 5210 BELFORT ROAD, SUITE 400	JACKSONVILLE, FL 32256		STREET ADDRESS 11251 Campbell Dr	Jacksonville, FL 32256	
CITY-ST-ZIP	JACKSONVILLE, FL 32256		CITY-ST-ZIP	Jacksonville, FL 32256	
TITLE NAME	<input type="checkbox"/> Delete		TITLE S	NAME Joshua Edwards	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		STREET ADDRESS 11251 Campbell Dr 4303	Jacksonville, FL 32256	
CITY-ST-ZIP	<input type="checkbox"/> Delete		CITY-ST-ZIP	Jacksonville, FL 32256	
TITLE NAME	<input type="checkbox"/> Delete		TITLE D	NAME Dawne Royer-Kim	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		STREET ADDRESS 11251 Campbell Dr	Jacksonville, FL 32256	
CITY-ST-ZIP	<input type="checkbox"/> Delete		CITY-ST-ZIP	Jacksonville, FL 32256	
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: 			4/2/07		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		