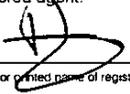
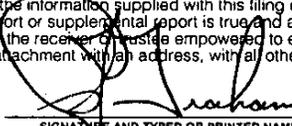


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2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2008 8:00 am
Secretary of State

04-18-2008 90044 012 ****61.25

DOCUMENT # N04000010946					
1. Entity Name CAMPFIELD CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 11555 CENTRAL PKWY SUITE 603* JACKSONVILLE, FL 32224			Mailing Address 11555 CENTRAL PKWY SUITE 603 JACKSONVILLE, FL 32224		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		02112008 Chg-NP CR2E037 (12/06)	
Zip		Country		4. FEI Number 51-0550946	
				Applied For Not Applicable	
6. Name and Address of Current Registered Agent				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
STERLING MANAGMENT 11555 CENTRAL PKWY STE 603 JACKSONVILLE, FL 32224				7. Name and Address of New Registered Agent	
				Name <u>Ron Cotterill</u>	
				Street Address (P.O. Box Number is Not Acceptable) <u>1010 N. Florida Ave.</u>	
				City <u>Tampa</u> FL Zip Code <u>33602</u>	
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 		Name <u>RONALD E. COTTERILL</u>		DATE <u>4-9-08</u>	
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, 2008		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	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GRAHAM, RAY		NAME		
STREET ADDRESS	11251 CAMPBELL DR 1308		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL 32256		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	PATNICK, TERRY		NAME	<u>Patricia Terry.</u>	
STREET ADDRESS	11251 CAMPFIELD DR 2404		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL 32256		CITY-ST-ZIP		
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	FLAGUROY, LAURA		NAME	<u>Robert Lawless</u>	
STREET ADDRESS	11251 CAMPFIELD 2105		STREET ADDRESS	<u>11251 CampField Dr # 2303</u>	
CITY-ST-ZIP	JACKSONVILLE, FL 32256		CITY-ST-ZIP	<u>Jacksonville FL 32256</u>	
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	EDWARDS, JOSHUA		NAME	<u>Eva Landa</u>	
STREET ADDRESS	11251 CAMPFIELD DR 4303		STREET ADDRESS	<u>11251 CampField Dr. #3209</u>	
CITY-ST-ZIP	JACKSONVILLE, FL 32256		CITY-ST-ZIP	<u>Jacksonville FL 32256</u>	
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DAWNE, ROGER		NAME		
STREET ADDRESS	11251 CAMPFIELD DR 4304		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL 32256		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: 		Date <u>4/3/08</u>		Daytime Phone #	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	