


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2008 8:00 am**  
**Secretary of State**

04-30-2008 90184 020 \*\*\*\*61.25

<b>DOCUMENT # N04000011492</b>		
1. Entity Name CAMPFIELD OWNERS ASSOCIATION, INC.		

Principal Place of Business 9191 R.G. SKINNER PKWY SUITE 602 JACKSONVILLE, FL 32256	Mailing Address 9191 R.G. SKINNER PKWY SUITE 602 JACKSONVILLE, FL 32256
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60033457



2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

01092008 Chg-NP CR2E037 (12/06)

City & State	City & State
Zip	Country

4. FEI Number 20-1985035	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	
TAYLOR, LINDA F 9191 R.G. SKINNER PARKWAY SUITE 602 JACKSONVILLE, FL 32256	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	Zip Code

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, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

Make check payable to  
Florida Department of State

10. OFFICERS AND DIRECTORS	
TITLE	PD <input checked="" type="checkbox"/> Delete
NAME	DAVIS, PATRICK R
STREET ADDRESS	8133 BAYMEADOWS WAY
CITY-ST-ZIP	JACKSONVILLE, FL 32256
TITLE	VTD <input checked="" type="checkbox"/> Delete
NAME	BAILEY, PETER D
STREET ADDRESS	3017 OAK ST.
CITY-ST-ZIP	JACKSONVILLE, FL 32204
TITLE	SD <input checked="" type="checkbox"/> Delete
NAME	GENOVESE, BILL
STREET ADDRESS	8133 BAYMEADOWS WAY
CITY-ST-ZIP	JACKSONVILLE, FL 32256
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ALLEN SKINNER
STREET ADDRESS	2245 ST. JOHNS AVE
CITY-ST-ZIP	JACKSONVILLE, FL 32204
TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JIMMY FOX
STREET ADDRESS	11213 CAMPFIELD CIR.
CITY-ST-ZIP	JACKSONVILLE, FL 32256
TITLE	SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MICHAEL HAGHIGHI, M.D.
STREET ADDRESS	9191 R.G. SKINNER PKWY, SUITE 402
CITY-ST-ZIP	JACKSONVILLE, FL 32256
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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: Linda F. Hagan, CAM 4-26-08 (904) 221-8070  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

manager for Campfield Owners