

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000011492

FILED
Mar 30, 2009
Secretary of State

Entity Name: CAMPFIELD OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

9191 R.G. SKINNER PKWY
SUITE 602
JACKSONVILLE, FL 32256

New Principal Place of Business:

Current Mailing Address:

9191 R.G. SKINNER PKWY
SUITE 602
JACKSONVILLE, FL 32256

New Mailing Address:

7400 BAYMEADOWS WAY
SUITE 317
JACKSONVILLE, FL 32256

FEI Number: 20-1985035

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TAYLOR, LINDA F
9191 R.G. SKINNER PARKWAY
SUITE 602
JACKSONVILLE, FL 32256 US

Name and Address of New Registered Agent:

COMMUNITY MANAGEMENT CONCEPTS OF JACKSONVI
7400 BAYMEADOWS WAY
SUITE 317
JACKSONVILLE, FL 32256 US

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.

SIGNATURE: MYRA RANDOLPH

03/30/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: SKINNER, ALLEN
Address: 2245 ST. JOHNS AVE
City-St-Zip: JACKSONVILLE, FL 32204

Title: D () Delete
Name: FOX, JIMMY
Address: 11213 CAMPFIELD CIR
City-St-Zip: JACKSONVILLE, FL 32256

Title: SD () Delete
Name: HAGHIGHI, MICHAEL MD
Address: 9191 R.G. SKINNER PKWY STE 402
City-St-Zip: JACKSONVILLE, FL 32256

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: MYRA RANDOLPH

CAM

03/30/2009

Electronic Signature of Signing Officer or Director

Date