2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2012
Secretary of State

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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:

9191 R.G. SKINNER PKWY
JACKSONVILLE, FL 32256

Current Mailing Address:

7400 BAYMEADOWS WAY
SUITE 317
JACKSONVILLE, FL 32256

New Mailing Address:

FEI Number: 20-1985035 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: VP
Name: SKINNER, ALLEN
Address: 7400 BAYMEADOWS WAY, SUITE 317
City-St-Zip: JACKSONVILLE, FL 32256

Title: PRES
Name: FOX, JIMMY
Address: 7400 BAYMEADOWS WAY, SUITE 317
City-St-Zip: JACKSONVILLE, FL 32256

Title: SECY
Name: HAGHIGHI, MICHAEL MD
Address: 7400 BAYMEADOWS WAY, SUITE 317
City-St-Zip: JACKSONVILLE, FL 32256

Title: TRES
Name: PORTER, DONNA
Address: 7400 BAYMEADOWS WAY, SUITE 317
City-St-Zip: JACKSONVILLE, FL 32256

I hereby 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 all other like empowered.

SIGNATURE: MICHAEL HAGHIGHI, MD PRES 04/26/2012

Electronic Signature of Signing Officer or Director — Date