## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N05000010444

FILED Jun 08, 2006 Secretary of State

Entity Name: CAMDEN WOODS HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:** New Principal Place of Business:

1410 NORTH WESTSHORE BLVD. SUITE 600 1410 NORTH WESTSHORE BLVD. TAMPA, FL 33607

600

TAMPA, FL 33607

**Current Mailing Address: New Mailing Address:** 

1410 NORTH WESTSHORE BLVD. SUITE 600 1410 NORTH WESTSHORE BLVD.

TAMPA, FL 33607 600

TAMPA, FL 33607

FEI Number: 20-3690108 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

CARVER, CHARLES H CARVER, CHARLES H

SUUUITÉ 4100 BANK OF AMERICAN PLAZA 2909 BAY TO BAY BOULEVARD

101 E. KENNEDY BLVD. 309 TAMPA, FL 33602 US TAMPA, FL 33629 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: 06/08/2006

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change ( ) Addition () Delete

BOWEN, JAMES BOWEN, JAMES D Name: Name:

1410 NORTH WESTSHORE BLVD. SUITE 600 Address: 1410 NORTH WESTSHORE BLVD. SUITE 600 Address:

City-St-Zip: TAMPA, FL 33607 City-St-Zip: TAMPA, FL 33607

Title: () Delete Title: (X) Change ( ) Addition

Name: COLLINS, TOM Name: DENNIS, TIM

Address: 1410 NORTH WESTSHORE BLVD. SUITE 600 Address: 1410 NORTH WESTSHORE BLVD, SUITE 600

City-St-Zip: TAMPA, FL 33607 City-St-Zip: TAMPA, FL 33607

Title: () Delete Title: DVPT (X) Change ( ) Addition

DRAPERS, DOUG Name: KELLY, HEIDI Name:

1410 NORTH WESTSHORE BLVD. SUITE 600 1410 NORTH WESTSHORE BLVD. SUITE 600 Address: Address:

City-St-Zip: TAMPA, FL 33607 City-St-Zip: TAMPA, FL 33607

I hereby certify that the information supplied with this filing does not qualify for the 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: JAMES D. BOWEN DP 06/08/2006