

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000008955

FILED
Apr 18, 2007
Secretary of State

Entity Name: CAMELIA ESTATES HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

325 SOUTH BLVD
TAMPA, FL 33606

New Principal Place of Business:

3527 PALM HARBOR BOULEVARD
PALM HARBOR, FL 34683

Current Mailing Address:

325 SOUTH BLVD
TAMPA, FL 33606

New Mailing Address:

3527 PALM HARBOR BOULEVARD
PALM HARBOR, FL 34683

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

JAMES, JUDITH L
325 SOUTH BLVD
TAMPA, FL 33606 US

Name and Address of New Registered Agent:

HANSON, JACK B
3527 PALM HARBOR BLVD.
PALM HARBOR, FL 34683 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: JACK B. HANSON

04/18/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: LAWRENCE, MICHAEL D
Address: 206 BUCKINGHAM PLACE
City-St-Zip: BRANDON, FL 33511

Title: D () Delete
Name: RIGGINS, ROBERT E
Address: 206 BUCKINGHAM PLACE
City-St-Zip: BRANDON, FL 33511

Title: D () Delete
Name: MARRA, MICHAEL E
Address: 206 BUCKINGHAM PLACE
City-St-Zip: BRANDON, FL 33511

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: DOMBROWSKI, RICHARD
Address: 3925 COCONUT PALM DR., SUITE 117
City-St-Zip: TAMPA, FL 33619

Title: V (X) Change () Addition
Name: DELKESKAMP, MATHEW
Address: 3925 COCONUT PALM DR., SUITE 117
City-St-Zip: TAMPA, FL 33619

Title: T (X) Change () Addition
Name: GREGORCZYK, THOMAS
Address: 3925 COCONUT PALM DR., SUITE 117
City-St-Zip: TAMPA, FL 33619

Title: S () Change (X) Addition
Name: BYRD, JONATHAN
Address: 3925 COCONUT PALM DR., SUITE 117
City-St-Zip: TAMPA, FL 33619

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: RICHARD DOMBROWSKI

P

04/18/2007

Electronic Signature of Signing Officer or Director

Date