

**2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT****FILED**  
**Apr 20, 2007**  
**Secretary of State**

DOCUMENT# N06000008955

**Entity Name:** CAMELIA ESTATES HOMEOWNERS ASSOCIATION, INC.**Current Principal Place of Business:**3527 PALM HARBOR BOULEVARD  
PALM HARBOR, FL 34683**New Principal Place of Business:****Current Mailing Address:**3527 PALM HARBOR BOULEVARD  
PALM HARBOR, FL 34683**New Mailing Address:****FEI Number:****FEI Number Applied For (X)****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**HANSON, JACK B  
3527 PALM HARBOR BLVD.  
PALM HARBOR, FL 34683 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: P ( ) Delete  
Name: DOMBROWSKI, RICHARD  
Address: 3925 COCONUT PALM DR., SUITE 117  
City-St-Zip: TAMPA, FL 33619

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

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

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

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

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

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

04/20/2007

Electronic Signature of Signing Officer or Director

Date