

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000008955

FILED
Apr 09, 2009
Secretary of State

Entity Name: CAMELLIA ESTATES HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

3527 PALM HARBOR BOULEVARD
PALM HARBOR, FL 34683

New Principal Place of Business:

7001 TEMPLE TERRACE HIGHWAY
TAMPA, FL 33637 US

Current Mailing Address:

3527 PALM HARBOR BOULEVARD
PALM HARBOR, FL 34683

New Mailing Address:

7001 TEMPLE TERRACE HWY.
TAMPA, FL 33637 US

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
MELROSE-SOVEREIGN COMPANIES
3527 PALM HARBOR BLVD.
PALM HARBOR, FL 34683 US

Name and Address of New Registered Agent:

CIANFRONE, JOSEPH PA
1964 BAYSHORE BLVD.
DUNEDIN, FL 34698 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: JOSEPH CIANFRONE, PA

04/09/2009

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: BYRD, JONATHAN
Address: 3925 COCONUT PALM DR., SUITE 117
City-St-Zip: TAMPA, FL 33619

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: COLEEN VERDON, AGENT

LCAM

04/09/2009

Electronic Signature of Signing Officer or Director

Date