

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N19733

FILED
Jan 08, 2009
Secretary of State

Entity Name: CAMDEN K CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

C/O LAURA CHEVINSKY
249 CAMDEN K
WEST PALM BEACH, FL 33417 US

New Principal Place of Business:

Current Mailing Address:

C/O LAURA CHEVINSKY
249 CAMDEN K
WEST PALM BEACH, FL 33417 US

New Mailing Address:

FEI Number: 59-1644377

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHEVINSKY, LAURA
249 CAMDEN K
WEST PALM BEACH, FL 33417 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: CHEVINSKY, LAURA
Address: 249 CAMDEN K
City-St-Zip: WEST PALM BEACH, FL 33417

Title: VP () Delete
Name: SOLOMON, MYRON
Address: 245 CAMDEN K
City-St-Zip: WEST PALM BEACH, FL 33417

Title: S () Delete
Name: DAUDELIN, MARY LINN P
Address: 252 CAMDEN K
City-St-Zip: WEST PALM BEACH, FL 33417

Title: D () Delete
Name: MARCHASIN, GARY
Address: 246 CAMDEN K
City-St-Zip: WEST PALM BEACH, FL 33417

Title: D () Delete
Name: MARCHASIN, FRAN
Address: 246 CAMDEN K
City-St-Zip: WEST PALM BEACH, FL 33417

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change () Addition
Name: HOLDER, GRAHAM
Address: 254 CAMDEN K
City-St-Zip: WEST PALM BEACH, FL 33417

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

Title: VP (X) Change () Addition
Name: MARCHASIN, GERALD
Address: 246 CAMDEN K
City-St-Zip: WEST PALM BEACH, FL 33417

Title: T (X) Change () Addition
Name: MARCHASIN, FRAN
Address: 256 CAMDEN K
City-St-Zip: WEST PALM BEACH, FL 33417

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: LAURA CHEVINSKY

PRES

01/08/2009

Electronic Signature of Signing Officer or Director

Date