

**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 30, 2008 8:00 am**  
**Secretary of State**

01-30-2008 90030 011 \*\*\*\*61.25

DOCUMENT # N36118					
1. Entity Name LANDS END AT CAMACHEE ISLAND OWNERS' ASSOCIATION, INC.					
Principal Place of Business 3070 HARBOR DRIVE ST. AUGUSTINE, FL 32095		Mailing Address 3070 HARBOR DRIVE ST. AUGUSTINE, FL 32095			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3043270	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
TAYLOR, JOSEPH S. 3070 HARBOR DRIVE ST. AUGUSTINE, FL 32095				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SUBIN, ELI	NAME			
STREET ADDRESS	3404 LANDS END DRIVE	STREET ADDRESS			
CITY-ST-ZIP	SAINT AUGUSTINE, FL 32084	CITY-ST-ZIP			
TITLE	VPD <input checked="" type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	TAYLOR, KAREN	NAME	Wallis, Donald W		
STREET ADDRESS	3409 LANDS END DR	STREET ADDRESS	3425 Lands End Drive		
CITY-ST-ZIP	SAINT AUGUSTINE, FL 32084	CITY-ST-ZIP	St. Augustine FL 32084		
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	FRANCIS, JEFFREY G	NAME			
STREET ADDRESS	3421 LANDS END DRIVE	STREET ADDRESS			
CITY-ST-ZIP	ST. AUGUSTINE, FL 32084	CITY-ST-ZIP			
TITLE	ST <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	WEBB, GRETCHEN	NAME			
STREET ADDRESS	3410 LANDS END DR	STREET ADDRESS			
CITY-ST-ZIP	SAINT AUGUSTINE, FL 32095	CITY-ST-ZIP			
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	COLEMAN, WILFRID	NAME			
STREET ADDRESS	3423 LANDS END DR	STREET ADDRESS			
CITY-ST-ZIP	SAINT AUGUSTINE, FL 32084	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME		NAME	Winters, Gerald R		
STREET ADDRESS		STREET ADDRESS	3411 Lands End Drive		
CITY-ST-ZIP		CITY-ST-ZIP	St Augustine FL 32084		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment, with an address, with all other like empowered.					
SIGNATURE: <i>Jason Webb</i>		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: <i>Gretchen Webb</i>		Date: <i>1/25/08</i> Daytime Phone #: <i>904 824 5465 11</i>	