

2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Apr 24, 2009
Secretary of State

DOCUMENT# N93000001819

Entity Name: CAMDEN H CONDOMINIUM ASSOCIATION INC.

Current Principal Place of Business:186 CAMDEN H
WEST PALM BEACH, FL 33417 US**New Principal Place of Business:**190 CAMDEN H
WEST PALM BEACH, FL 33417 US**Current Mailing Address:**186 CAMDEN H
WEST PALM BEACH, FL 33417 US**New Mailing Address:**C/O SEACREST SERVICES INC
2400 CENTREPARK W DR #175
WEST PALM BEACH, FL 33409 US

FEI Number: 65-0460314

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:DARRIGAN, R. LESLIE
186 CAMDEN H
WEST PALM BEACH, FL 33417 US**Name and Address of New Registered Agent:**COBUS, PAT
190 CAMDEN H
WEST PALM BEACH, FL 33417 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: PAT COBUS

04/24/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:Title: P () Delete
Name: DARRIGAN, R. LESLIE
Address: 186 CAMDEN H
City-St-Zip: WEST PALM BEACH, FL 33417 USTitle: VP () Delete
Name: REILLY, EDWARD R
Address: 183 CAMDEN H
City-St-Zip: WEST PALM BEACH, FL 33417 USTitle: T () Delete
Name: LAWLESS, THOMAS
Address: 180 CAMDEN H
City-St-Zip: WEST PALM BEACH, FL 33417 USTitle: S () Delete
Name: DEVITA, MARILYN
Address: 167 CAMDEN H
City-St-Zip: WEST PALM BEACH, FL 33417 USTitle: D (X) Delete
Name: COBUS, PAT
Address: 190 CAMDEN H
City-St-Zip: WEST PALM BEACH, FL 33417 US**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**Title: P (X) Change () Addition
Name: COBUS, PAT
Address: 190 CAMDEN H
City-St-Zip: WEST PALM BEACH, FL 33417 USTitle: () Change () Addition
Name:
Address:
City-St-Zip:Title: S (X) Change () Addition
Name: LAWLESS, THOMAS
Address: 180 CAMDEN H
City-St-Zip: WEST PALM BEACH, FL 33417 USTitle: D (X) Change () Addition
Name: DEVITA, MARILYN
Address: 167 CAMDEN H
City-St-Zip: WEST PALM BEACH, FL 33417 USTitle: () 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: GALE CORONA

MS

04/24/2009

Electronic Signature of Signing Officer or Director

Date