2005 NOT-FOR-PROFIT CORPORATION

FILED Feb 08, 2005 8:00 am Secretary of State

ANNUAL REPORT

105 DUMA_STREET REY WEST, FL 33040 2. Principal Place of Business Suite, Apt. #, etc. Suit	DOCUMENT # N9700002065 1. Entity Name CAMPBELL COURTYARD CONDOMINIUM ASSOCIATION, INC.							02-08-2005 90012 033 ****61.25 50011818				
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City & State Ci	2. Principal P	3. Mailing	ailing Address									
Second S	Suite, Apt. #, etc. S			Suite, Apt. #, etc.				01122005	Chg-NP	CR2E03	37 (10/03)	
S. Gerificate of Status Desired Fee Required	City & State			City & State							<u>`</u>	
Name Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable)	Zip	Zip Country Z			ip Cour							
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TREASURE, FL 33706 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 Symum, typed a proted name of registered agent and that acceptable. (NOTE Registered Agent signature required when revisating) FILING Fee is \$61.25 Due by May 1, 2005 FILING Fee is \$61.25 Due by May 1, 2005 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE DO CATE TITLE DO CHATZ, JOHN SIRRET AGRESS 617 FLEMING ST. #5 SIRRET AGRESS GITY-ST-2P KEY WEST, FL 33040 TITLE Delete TITLE Delete TITLE Delete TITLE NAME SIRRET AGRESS GITY-ST-2P TITLE Delete TITLE NAME SIRRET AGRESS GITY-ST-2P TITLE TITLE CARD AGGITIC CARD												
### B. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Signature Signature Trust Signature Signat						Service (10. Dec Named is Not Acceptable)						
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when remission)) DATE						City				FL	Zip Code	e e e e e e e e e e e e e e e e e e e
Signature, speed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when retrisizing) DATE			the purpos	e of changing its	registere	ed office or	register	ed agent, or both	n, in the State of I	Florida. I am	lamiliar with,	and accept
Signature, speed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when retrisizing) DATE	SIGNATURE											
Trust Fund Contribution. Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE DS DOLATZ, JOHN MAWE STREET ADDRESS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 DOLATZ, JOHN MAWE STREET ADDRESS 17 FLEMING ST. #5 17 FLEMING ST. *5 FLEMING ST. *5 FLEMING ST. *5 FLEMING ST. *5 FLEMING S		Signature, typed or printed name of registered agent	and title if applica	ble. (NOTE	: Registere	d Agent signatu	e required	when reinstating)	1	DATE		
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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	NAME STREET ADDRESS			☐ Delete	NAM Stre	E Et adoress			.,	•	□ Change	☐ Addition

of the corporation of the receiver of trustee empowered to execute this report a changed, or on an attachment with an address, with all other like empowered.