

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

02-08-2005 90012 033 \*\*\*\*61.25

**DOCUMENT # N97000002065**

1. Entity Name  
**CAMPBELL COURTYARD CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business  
**617 FLEMING ST.  
KEY WEST, FL 33040**

Mailing Address  
**1109 DUVAL STREET  
KEY WEST, FL 33040 US**

**50011818**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01122005

Chg-NP

CR2E037 (10/03)

4. FEI Number  
**65-0838509**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PELTIER, MICHAEL  
11225 4TH ST. E.  
TREASURE, FL 33706**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$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 **DS** ☒ Delete  
NAME **DOLATZ, JOHN**  
STREET ADDRESS **617 FLEMING ST. #5**  
CITY-ST-ZIP **KEY WEST, FL 33040**

TITLE **DS** ☒ Change ☐ Addition  
NAME **Joanne L. Lumbiere**  
STREET ADDRESS **617 Fleming #2**  
CITY-ST-ZIP **Key West, FL 33040**

TITLE **DT** ☐ Delete  
NAME **ESKEW, KATHY**  
STREET ADDRESS **2601 S. ROOSEVELT BLVD., #207-B**  
CITY-ST-ZIP **KEY WEST, FL 33040**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **DP** ☐ Delete  
NAME **PELTIER, MICHAEL**  
STREET ADDRESS **11225 4TH ST E**  
CITY-ST-ZIP **TREASURE IS, FL 33706**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 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:** *Michael J. Peltier* **Michael J. Peltier DP 1/29/05 727 363-4307**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #