

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000004377

FILED
Jan 24, 2009
Secretary of State

Entity Name: CAMP WALTON VILLAGE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

227 ALCONESE AVE SE
UNIT C
FORT WALTON BEACH, FL 32548

New Principal Place of Business:

Current Mailing Address:

227 ALCONESE AVE SE
UNIT C
FORT WALTON BEACH, FL 32548

New Mailing Address:

FEI Number: 59-3460763

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FARVER, DOUGLAS
227 ALCONESE AVE SE UNIT C
FORT WALTON BEACH, FL 32548 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: SD () Delete
Name: FLASCO, MIKE
Address: 229 ALCONESE AVE SE #D
City-St-Zip: FORT WALTON BEACH, FL 32548

Title: TD () Delete
Name: FARVER, DOUGLAS
Address: 227 ALCONESE AVE SE #C
City-St-Zip: FORT WALTON BEACH, FL 32548

Title: PD () Delete
Name: SCIRETTA, ROBERT
Address: 229 ALCONESE AVE SE #A
City-St-Zip: FORT WALTON BEACH, FL 32548

Title: D () Delete
Name: SCHNEIDENBACH, ROBERT
Address: 225 ALCONESE AVE #F
City-St-Zip: FORT WALTON BEACH, FL 32548

Title: D () Delete
Name: TAYLOR, MAUREEN
Address: 225 ALCONESE AVE #F
City-St-Zip: FORT WALTON BEACH, FL 32548

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

Title: () 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: DOUGLAS FARVER

TD

01/24/2009

Electronic Signature of Signing Officer or Director

Date