2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000000517

FILED Apr 21, 2009 Secretary of State

Entity Name: CAMDEN CLUB HOMEOWNERS ASSOCIATION, INC.

| Current Principal Place of Business: | | | New Prine | New Principal Place of Business: | |
|---|---|--|---|---|--|
| SUITE 500 | | DEDAA LIG | | | |
| LONGWO | OD, FL 32779 | 95044 US | | | |
| Current Mailing Address: | | | New Mail | New Mailing Address: | |
| SUITE 500 | ST SR 434 00 0OD, FL 32779 | 95044 US | | | |
| FEI Number | : 59-3547289 | FEI Number Applied For () | FEI Number Not App | plicable () Certificate of Status Desired () | |
| Name and | d Address of | Current Registered Agent | t: Name and | d Address of New Registered Agent: | |
| SENTRY I 2180 WES | MES W JR MANAGEMEN ST SR 434 STE OOD, FL 32779 | ∃ 5000 | | | |
| | e named entity e of Florida. | submits this statement for t | the purpose of changing | its registered office or registered agent, or both, | |
| SIGNATU | RE: | | | | |
| | Electro | nic Signature of Registered | Agent | Date | |
| OFFICER | S AND DIREC | CTORS: | ADDITION | NS/CHANGES TO OFFICERS AND DIRECTOR | |
| Title: Name: Address: City-St-Zip: | BRITO, DIANA 5031 PINELAN | | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: Name: Address: City-St-Zip: | ROSENBURG, 9516 SOUTHE |) Delete MARC H RN GARDEN CIR SPRINGS, FL 32714 | Title: Name: Address: City-St-Zip: | ()Change ()Addition | |
| Title: Name: Address: City-St-Zip: | STURM, JOJO 9465 SOUTHE |) Delete RN GARDEN CIR SPRINGS, FL 32714 | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: Name: | CLARK, CHRIS 9545 SOUTHE |) Delete STINE RN GARDEN CIR SPRINGS, FL 32714 | Title: Name: Address: City-St-Zip: | ()Change ()Addition | |
| Address: City-St-Zip: | | | Title: | TD (X) Change () Addition | |
| | WHEELER, ST 5009 SWEET | | Name: Address: City-St-Zip: | WHEELER, STEVE 5009 SWEET LEAF CT ALTAMONTE SPRINGS, FL 32714 | |

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: MARC ROSENBERG PD 04/21/2009