

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000005875

FILED  
Feb 19, 2009  
Secretary of State

**Entity Name:** CAMDEN OAKS HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

2424 CAMDEN OAKS PL  
VALRICO, FL 33594

**New Principal Place of Business:**

**Current Mailing Address:**

CAMDEN OAKS HOMEOWNERS ASS  
PO BOX 1481  
VALRICO, FL 33595

**New Mailing Address:**

CAMDEN OAKS HOMEOWNERS ASSOC.  
PO BOX 1481  
VALRICO, FL 33595

**FEI Number:** 59-3603263

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HAM, RONALD A  
2424 CAMDEN OAKS PL  
VALRICO, FL 33594 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: PD ( ) Delete  
Name: HAM, RONALD A  
Address: 2424 CAMDEN OAKS PL  
City-St-Zip: VALRICO, FL 33594

Title: TD ( ) Delete  
Name: OSBORNE, LAURA  
Address: 2415 CAMDEN OAKS PL  
City-St-Zip: VALRICO, FL 33594

Title: SD ( ) Delete  
Name: CICCOTELLI, NICOLE  
Address: 2422 CAMDEN PAKS PL  
City-St-Zip: VALRICO, FL 33594

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

Title: SD (X) Change ( ) Addition  
Name: VIGO, LUGIA  
Address: 2419 CAMDEN OAKS PL.  
City-St-Zip: VALRICO, FL 33594

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: RONALD A. HAM

MR.

02/19/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date