2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000045090

Entity Name: CAMPBELL ACRES HOMEOWNERS ASSOCIATION, INC.

FILED Apr 27, 2006 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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215 CORRINE ROAD FORT PIERCE, FL 34945 2817 S. BROCKSMITH ROAD FORT PIERCE, FL 34945

Current Mailing Address: New Mailing Address:

215 CORRINE ROAD 2817 S. BROCKSMITH ROAD FORT PIERCE, FL 34945 FORT PIERCE, FL 34945

FEI Number: 20-0895646 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

BOOKER, RAY
215 CORRINE ROAD
FORT PIERCE, FL 34945 US

LETTERIELLO, ARTHUR
2817 S. BROCKSMITH ROAD
FORT PIERCE, FL 34945 US

LETTERIELLO, ARTHUR
2817 S. BROCKSMITH ROAD
FORT PIERCE, FL 34945 US

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: ARTHUR 04/27/2006

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

 Title:
 PTD () Delete

 Name:
 BOOKER, RAY L

 Address:
 215 CORRINE ROAD

 City-St-Zip:
 FORT PIERCE, FL 34945

 Title:
 SD () Delete

 Name:
 BOOKER, NEREIDA

 Address:
 215 CORRINE ROAD

 City-St-Zip:
 FORT PIERCE, FL 34945

Title: () Delete

Name: Address: City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: LETTERIELLO, ARTHUR
Address: 2817 S. BROCKSMITH ROAD
City-St-Zip: FORT PIERCE, FL 34945

Title: VPD (X) Change () Addition

Name: LETTERIELLO, KELLI
Address: 2817 S. BROCKSMITH ROAD
City-St-Zip: FORT PIERCE, FL 34945

Title: TD () Change (X) Addition

Name: ROCHE, MIRIAM

Address: 2744 S. BROCKSMITH ROAD City-St-Zip: FORT PIERCE, FL 34945

I hereby certify that the information supplied with this filing does not qualify for the 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MIRIAM ROCHE TD 04/27/2006