

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 25, 2007 08:00 A
Secretary of State

DOCUMENT # P04000045090

1. Entity Name
CAMPBELL ACRES HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business
**2817 S. BROCKSMITH ROAD
FORT PIERCE, FL 34945**

Mailing Address
**2817 S. BROCKSMITH ROAD
FORT PIERCE, FL 34945**



05232007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-0895646	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

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

**FILE NOW!!! FEE IS \$150.00
Due by September 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	LETTERIELLO, ARTHUR
STREET ADDRESS	2817 S. BROCKSMITH ROAD
CITY-ST-ZIP	FORT PIERCE, FL 34945
TITLE	VPD
NAME	LETTERIELLO, KELLI
STREET ADDRESS	2817 S. BROCKSMITH ROAD
CITY-ST-ZIP	FORT PIERCE, FL 34945
TITLE	TD
NAME	ROCHE, MIRIAM
STREET ADDRESS	2744 S. BROCKSMITH ROAD
CITY-ST-ZIP	FORT PIERCE, FL 34945
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

MIRIAM ROCHE 5/24/07 (813) 762-7141