FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY -1 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REMITTED BY MAY 1

DOCUMENT # **P94000014274 (2)**

1. Corporation Name

CAMDEN CLUB MANAGEMENT, INC.

Principal Place of Business	Mailing Address
2122 SECOND STREET FORT MYERS FL 33901	2122 SECOND STREET FORT MYERS FL 33901

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/14/1994
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address	4. FEI Number: 65-0466936	☐ Applied For ☐ Not Applicable
21	26		
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
City & State 23	City & State 28	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
Zip 24 / County 25	Zip 29 / County 30	8. This corporation has been assessed intangible tax under S. 199.032, Florida Statutes ☑ Yes ☐ No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
PEDEN, PAUL D 2122 SECOND STREET FORT MYERS FL 33901	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, officer or director of registered agent and title if applicable — (NOTE: Registered Agent signature required when name changed)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE	P/D	☑ Change ☐ Addition
NAME	PEDEN, PAUL D	12 NAME	Peden Paul D	
STREET ADDRESS	2122 SECOND STREET	13 STREET ADDRESS	2122 Second ST	
CITY-ST-ZIP	FORT MYERS FL 33901	14 CITY-ST-ZIP	FT Myers FL 33901	
TITLE	D	21 TITLE	V/P/D	☑ Change ☐ Addition
NAME	PEDEN, CRAIG D	22 NAME	Peden Craig D	
STREET ADDRESS	2240 W FIRST ST.	23 STREET ADDRESS	2122 Second ST	
CITY-ST-ZIP	FORT MYERS FL 33901	24 CITY-ST-ZIP	FT Myers FL 33901	
TITLE	D	31 TITLE	S/T/P/D	☑ Change ☐ Addition
NAME	CAMPBELL, RONALD JR	32 NAME	Campbell Ronald JR	
STREET ADDRESS	7580 TWIN EAGLE LANE	33 STREET ADDRESS	7580 Twin Eagle Ln	
CITY-ST-ZIP	FORT MYERS FL 33912	34 CITY-ST-ZIP	FT Myers FL 33912	
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Paul D Peden — Paul D Peden — 3/27/95 — 813-334-8634
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL — DATE — Daytime Phone #

031995 CP