

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N1500000119

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

**FILED**  
**May 04, 2020**  
**Secretary of State**  
**3335992950CC**

**Current Principal Place of Business:**

C/O PEGASUS PROPERTY MANAGEMENT  
8840 TERRENE CT #102  
BONITA SPRINGS, FL 34135

**Current Mailing Address:**

C/O PEGASUS PROPERTY MANAGEMENT  
8840 TERRENE CT #102  
BONITA SPRINGS, FL 34135 US

**FEI Number: 47-5325057**

**Certificate of Status Desired: No**

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

CATLETT, SARA  
8840 TERRENE CT #102  
BONITA SPRINGS, FL 34135 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: SARA CATLETT**

**05/04/2020**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title VP  
Name HOFFER, MAUREEN  
Address 8840 TERRENE CT #102  
City-State-Zip: BONITA SPRINGS FL 34135

Title TREASURER  
Name SAYLOR, MIKE  
Address 8840 TERRENE CT #102  
City-State-Zip: BONITA SPRINGS FL 34135

Title SECRETARY  
Name NIEMIER, MATTHEW  
Address 8840 TERRENE CT #102  
City-State-Zip: BONITA SPRINGS FL 34135

Title PRESIDENT  
Name MILLER, TIM  
Address 8840 TERRENE CT #102  
City-State-Zip: BONITA SPRINGS FL 34135

Title VP  
Name ELLIS, PAM  
Address 8840 TERRENE CT #102  
City-State-Zip: BONITA SPRINGS FL 34135

*I hereby 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 all other like empowered.*

**SIGNATURE: TIM MILLER**

**PRESIDENT**

**05/04/2020**

Electronic Signature of Signing Officer/Director Detail

Date