

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

**APPROVED
AND
FILED**

DOCUMENT # 758798 (3)

95 MAY -1 AM 8:39

1. Corporation Name
CAMALE' HOMEOWNERS ASSOCIATION, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 7406 CAMALE DRIVE PENSACOLA FL 32504	Mailing Address 7406 CAMALE DRIVE PENSACOLA FL 32504
--	--

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 06/16/1981	3a. Date of Last Report 05/01/1994
4. FEI Number 59-2574236	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc 22	Suite, Apt. #, etc 27
City & State 23	City & State 28
Zip 24	Country 25
Country 29	Zip 30

9. Name and Address of Current Registered Agent

**GIBSON, GREGORY J.
7406 CAMALE DR.
PENSACOLA FL 32504**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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) _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES, TO OFFICERS AND DIRECTORS IN 12	
TITLE TD	BIZIC, PATRICIA L	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	7407 CAMALE DR	12 NAME	
STREET ADDRESS	PENSACOLA FL	13 STREET ADDRESS	
CITY, ST, ZIP		14 CITY, ST, ZIP	
TITLE SD	SPARKS, JAMES A.	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	7413 CAMALE DR	22 NAME	
STREET ADDRESS	PENSACOLA, FL 00000	23 STREET ADDRESS	
CITY, ST, ZIP		24 CITY, ST, ZIP	
TITLE PD	GIBSON, GREGORY J.	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	7406 CAMALE DR.	32 NAME	
STREET ADDRESS	PENSACOLA, FL 00000	33 STREET ADDRESS	
CITY, ST, ZIP		34 CITY, ST, ZIP	
TITLE		41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY, ST, ZIP		44 CITY, ST, ZIP	
TITLE		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY, ST, ZIP		54 CITY, ST, ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 110.07(3)(k), 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 this corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Gregory J. Gibson* PRESIDENT 4/29/95 (904) 474-4742
SIGNATURE AND TYPE IN PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
GREGORY J. GIBSON