

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

CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 FEB 22 AM 11:11

DOCUMENT # **N45820** (0)

1. Corporation Name

**CAMERON CROSSING OWNERS ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

3643 CAMERON CROSSING DR  
~~SUITE 200~~  
JACKSONVILLE FL 32223  
US

PO BOX 57186  
~~1700 S. 14TH STREET, SUITE 105~~  
JACKSONVILLE FL 32241-7186  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **10/30/1991** 3a. Date of Last Report **05/01/1994**  
4. FEI Number **59-3127160** Applied For  
Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

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

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  **\$68.75 Supplemental Fee Not Required**

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business

2a. Mailing Address

21 **3615 CAROL ANN LN**

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 **Jacksonville FL**

28

Zip

Country

Zip

Country

24 **32223**

25 **DOVA**

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LOKEY, THOMAS H.  
3611 CAROL ANN LN  
~~SUITE 105~~  
JACKSONVILLE FL 32223

B1 Name  
B2 Street Address (P.O. Box Number is Not Acceptable)  
B3  
B4 City **FL** B5 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD**  
NAME **SNYDER, DAVID J.**  
STREET ADDRESS **3643 CAMERON CROSSING DR**  
CITY - ST - ZIP **JACKSONVILLE FL**

1.1 TITLE **D**  Change  Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY - ST - ZIP

TITLE ~~**VD**~~  
NAME ~~**LAFONTAINE, CRAIG**~~  
STREET ADDRESS ~~**3607 CAMERON CROSSING DR**~~  
CITY - ST - ZIP ~~**JACKSONVILLE FL**~~ *Delete*

2.1 TITLE  Change  Addition  
2.2 NAME **HARRISON, KEVYN**  
2.3 STREET ADDRESS **3632 Carol Ann Lane**  
2.4 CITY - ST - ZIP **Jacksonville FL 32223**

TITLE **SD**  
NAME **FRAGOSO, TAMMY**  
STREET ADDRESS **3824 CAMERON CROSSING DR**  
CITY - ST - ZIP **JACKSONVILLE FL**

3.1 TITLE  Change  Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY - ST - ZIP

TITLE **TD**  
NAME **LOKEY, THOMAS H**  
STREET ADDRESS **3811 CAROL ANN LN**  
CITY - ST - ZIP **JACKSONVILLE FL**

4.1 TITLE  Change  Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY - ST - ZIP

TITLE **D**  
NAME **BAKER, BERT**  
STREET ADDRESS **3615 CAROL ANN LN**  
CITY - ST - ZIP **JACKSONVILLE FL**

5.1 TITLE **PD**  Change  Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIP

TITLE ~~**D**~~  
NAME ~~**GROWELL, JIM**~~  
STREET ADDRESS ~~**3669 CAROL ANN LN**~~  
CITY - ST - ZIP ~~**JACKSONVILLE FL**~~ *Delete*

6.1 TITLE  Change  Addition  
6.2 NAME **HARRISON, WILLIAM**  
6.3 STREET ADDRESS **3666 Cameron Crossing Drive**  
6.4 CITY - ST - ZIP **Jacksonville FL 32223**

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 the corporation or the receiver or trustee authorized 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 addendum.

SIGNATURE: **THOMAS H. LOKEY** *[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

15 Feb 95 904 464 2928  
Date Chapter Number