

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N45820** (0)

1. Corporation Name
CAMERON CROSSING OWNERS ASSOCIATION, INC.



Principal Place of Business Mailing Address
3615 CAROL ANN LN JACKSONVILLE FL 32223 US
Delete **PO BOX 57186 1890 S. 14TH STREET, SUITE 105 JACKSONVILLE FL 32241-7186 US**

3. Date Incorporated or Qualified **10/30/1991** 3a. Date of Last Report **02/22/1995**

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country 25
2a. Mailing Address 26 **POB 57186** Suite, Apt. #, etc. 27 **Jacksonville FL** City & State 28 **32241-7186** Zip 29 **Duval** Country 29

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**
6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
LOKEY, THOMAS H. 3611 CAROL ANN LN SUITE 105 JACKSONVILLE FL 32223
Delete

10. Name and Address of New Registered Agent
81 Name **Lokey Thomas H.**
82 Street Address (P.O. Box Number is Not Acceptable) **3611 CAROL ANN LANE**
83
84 City **Jacksonville** FL 85 Zip Code **32223-7314**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE *[Signature]* **THOMAS H. Lokey, Treas/Asst Sec** DATE **5 Feb 96**

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	SNYDER, DAVID J.	
STREET ADDRESS	3643 CAMERON CROSSING DR	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	HARRISON, KEVYN	
STREET ADDRESS	3632 CAROL ANNE LANE	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	FRAGOSO, TAMMY	
STREET ADDRESS	3624 CAMERON CROSSING DR	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	LOKEY, THOMAS H	
STREET ADDRESS	3611 CAROL ANN LN	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	BAKER, BERT	
STREET ADDRESS	3615 CAROL ANN LN	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	HARRISON, WILLIAM	
STREET ADDRESS	3666 CAMERON CROSSING DRIVE	
CITY-ST-ZIP	JACKSONVILLE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Roy A. Floyd
1.3 STREET ADDRESS	3711 CAROL ANN LN
1.4 CITY-ST-ZIP	JACKSONVILLE FL 32223
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	SD EUGENIA C. MARON
2.3 STREET ADDRESS	3620 CAROL ANN LN
2.4 CITY-ST-ZIP	JACKSONVILLE FL 32223
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	D BRUCE E. PERRY
3.3 STREET ADDRESS	3704 CAROL ANN LN
3.4 CITY-ST-ZIP	JACKSONVILLE FL 32223
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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)(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 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: *[Signature]* **THOMAS H. Lokey** DATE **5 Feb 96** 904 464 2928

CR2E037 (12/95)