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Apr 24 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N45820 (0)
 1. Corporation Name
CAMERON CROSSING OWNERS ASSOCIATION, INC.



Principal Place of Business 3615 CAROL ANN LN JACKSONVILLE FL 32223 US	Mailing Address PO BOX 57106 JACKSONVILLE FL 32241-7106 US
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3. Date Incorporated or Qualified 10/30/1991	3a. Date of Last Report 02/14/1996
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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4. FEI Number 59-3127160	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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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

10. Name and Address of New Registered Agent
 81 Name **Cheryl C. Spires**
 82 Street Address (P.O. Box Number is Not Acceptable)
3645 Carol Ann Ln
 83
 84 City **Jacksonville** **FL** 85 Zip Code **32223**

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: *Cheryl C. Spires, Treasurer* DATE: **4-8-97**

12. OFFICERS AND DIRECTORS

TITLE	D President	<input type="checkbox"/> DELETE
NAME	FLOYD, ROY A	
STREET ADDRESS	3711 CAROL ANN LN	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	MARON, EUGENA C	
STREET ADDRESS	3620 CAROL ANN LN	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	PERRY, BRUCE E	
STREET ADDRESS	3704 CAROL ANN LN	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	LOKEY, THOMAS H	
STREET ADDRESS	3611 CAROL ANN LN	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	PD Director	<input type="checkbox"/> DELETE
NAME	BAKER, BERT	
STREET ADDRESS	3615 CAROL ANN LN	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Kerlyn Hutchinson	
3.3 STREET ADDRESS	3632 Carol Ann Ln	
3.4 CITY-ST-ZIP	Jacksonville FL 32223	
4.1 TITLE	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Cheryl C. Spires	
4.3 STREET ADDRESS	3645 Carol Ann Ln	
4.4 CITY-ST-ZIP	Jacksonville, FL 32223	
5.1 TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Rose Hutchinson	
6.3 STREET ADDRESS	3630 Cameron Crossing Ln	
6.4 CITY-ST-ZIP	Jacksonville, FL 32223	

14. I do hereby certify that the information supplied with this filing 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Cheryl C. Spires* *Cheryl C. Spires* DATE: **4-8-97** Daytime Phone # **904-630-3061**

CR2E037 (9/96)