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Mar 24 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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: 3615 CAROL ANN LN JACKSONVILLE FL 32223 US
Mailing Address: PO BOX 57186 JACKSONVILLE FL 32241-7186 US

3. Date Incorporated or Qualified: 10/30/1991
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. Is this nonprofit corporation a homeowners association? Yes No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

2. Principal Place of Business: 21 3620 CAROL ANN LN 22 Suite, Apt. #, etc.: 22
2a. Mailing Address: 26 P.O. BOX 57186 27 Suite, Apt. #, etc.: 27
City & State: 23 JACKSONVILLE FL 28 JACKSONVILLE FL
Zip: 24 Country: 25 USA 29 32241-7186 30 USA

9. Name and Address of Current Registered Agent: SPIRES, CHERYL C. 3645 CORAL ANN LANE JACKSONVILLE FL 32223
10. Name and Address of New Registered Agent: 81 Name: MARON JENNY C. 82 Street Address (P.O. Box Number is Not Acceptable): 3620 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: *Jenny Maron* DATE: 3/12/98

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: P	NAME: FLOYD, ROY A STREET ADDRESS: 3711 CAROL ANN LN CITY-ST-ZIP: JACKSONVILLE FL	<input checked="" type="checkbox"/> DELETE	1.1 TITLE: PRESIDENT <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1.2 NAME: JOHN DISSINGER 1.3 STREET ADDRESS: 11308 FAIR FOREST LANE 1.4 CITY-ST-ZIP: JACKSONVILLE FL 32223
TITLE: SD	NAME: MARON, EUGENA C STREET ADDRESS: 3620 CAROL ANN LN CITY-ST-ZIP: JACKSONVILLE FL	<input checked="" type="checkbox"/> DELETE	2.1 TITLE: SECRETARY <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 2.2 NAME: PAT HOYT 2.3 STREET ADDRESS: 3685 CAMERON CROSSING 2.4 CITY-ST-ZIP: JACKSONVILLE FL 32223
TITLE: VP	NAME: HUTCHINSON, KEVYN STREET ADDRESS: 3632 CAROL ANN LN CITY-ST-ZIP: JAX FL	<input type="checkbox"/> DELETE	3.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME: 3.3 STREET ADDRESS: 3.4 CITY-ST-ZIP:
TITLE: T	NAME: SPIRES, CHERYL C. STREET ADDRESS: 3645 CAROL ANN LN CITY-ST-ZIP: JAX FL	<input checked="" type="checkbox"/> DELETE	4.1 TITLE: TREASURER <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME: JENNY MARON 4.3 STREET ADDRESS: 3620 CAROL ANN LN 4.4 CITY-ST-ZIP: JACKSONVILLE FL 32223
TITLE: D	NAME: BAKER, BERT STREET ADDRESS: 3615 CAROL ANN LN CITY-ST-ZIP: JACKSONVILLE FL	<input type="checkbox"/> DELETE	5.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME: 5.3 STREET ADDRESS: 5.4 CITY-ST-ZIP:
TITLE: D	NAME: HUTCHINSON, ROSE STREET ADDRESS: 3630 CAMERA CROSSING LN CITY-ST-ZIP: JAX FL	<input checked="" type="checkbox"/> DELETE	6.1 TITLE: DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME: FLOYD, ROY A. 32223 6.3 STREET ADDRESS: 3711 CAROL ANN LN 6.4 CITY-ST-ZIP: JAX FL

14. I 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: *Jenny Maron* JENNY MARON 3/12/98 904-292-2498
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0008382

CR2E037 (10/97)