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**Mar 03, 1999 8:00 am**  
**Secretary of State**

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0006409

NONPROFIT  
 CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # N45820**

1. Corporation Name

**CAMERON CROSSING OWNERS ASSOCIATION, INC.**

Principal Place of Business

3620 CAROL ANN LN  
 JACKSONVILLE FL 32223  
 US

Mailing Address

P O BOX 57186  
 JACKSONVILLE FL 32241-7186  
 US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

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

9. Name and Address of Current Registered Agent

MARON, JENNY C  
 3620 CAROL ANN LN  
 JACKSONVILLE FL 32223

10. Name and Address of New Registered Agent

81 Name **JENNY MARON**  
 82 Street Address (P.O. Box Number is Not Acceptable) **3620 CAROL ANN LANE**  
 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*

**JENNY MARON**

**2/10/99**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETED
PD	DISSINGER, JOHN	11308 FAIR FOREST LN	JACKSONVILLE FL 32223	<input checked="" type="checkbox"/>
S	HOYT, PAT	3685 CAMERON CROSSING	JACKSONVILLE FL 32223	<input type="checkbox"/>
VP	HARRISON HUTCHINSON, KEVIN	3632 CAROL ANN LN	JAX FL	<input type="checkbox"/>
T	MARON, JENNY	3620 CAROL ANN LN	JACKSONVILLE FL 32223	<input type="checkbox"/>
D	BAKER, BERT	3615 CAROL ANN LN	JACKSONVILLE FL	<input checked="" type="checkbox"/>
D	FLOYD, ROY A	3711 CAROL ANN LN	JACKSONVILLE FL 32223	<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
PRESIDENT	JAMES LAWBE	3642 CAMERON CROSSING	JACKSONVILLE, FL 32223	<input type="checkbox"/>	<input checked="" type="checkbox"/>
DIRECTOR	SANDY RADOMSKI	3704 CAROL ANN LANE	JACKSONVILLE FL 32223	<input type="checkbox"/>	<input checked="" type="checkbox"/>
DIRECTOR	TOM LOKEY	3611 CAROL ANN LANE	JACKSONVILLE FL 32223	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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, with all other like empowered.

SIGNATURE:

*Jenny Maron*

**JENNY MARON**

**2/10/99**

**904-292-2498**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)