

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 26, 2000 8:00 am**  
**Secretary of State**

02-26-2000 90066 006 \*\*\*\*61.25

**DOCUMENT # N45820**

1. Entity Name

**CAMERON CROSSING OWNERS ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

3620 CAROL ANN LN  
 JACKSONVILLE FL 32223  
 US

P O BOX 57186  
 JACKSONVILLE FL 32241-7186  
 US

2. Principal Place of Business

3691 CAMERON CROSSING

3. Mailing Address

2980 HARTLEY RD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

JACKSONVILLE FL

City & State

JACKSONVILLE FL

4. FEI Number

59-3127160

Applied For

Not Applicable

Zip

32223

Country

US

Zip

32255

Country

US

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

MARON, JENNY C  
 3620 CAROL ANN LN  
 JACKSONVILLE FL 32223

7. Name and Address of New Registered Agent

Name  
**SENTRY MANAGEMENT INC**  
 Street Address (P.O. Box Number is Not Acceptable)  
**2980 HARTLEY RD.**  
 City  
**JACKSONVILLE** FL Zip Code  
**32255**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE *Jenny Maron*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

*2/22/00*

**FILE NOW:  
 FEE IS \$61.25**

9. Election Campaign Financing  
 Trust Fund Contribution.

**\$5.00** May Be  
 Added to Fees

**Make Check Payable to  
 Department of State**

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	LANGE, JAMES	
STREET ADDRESS	3642 CAMERON CROSSING	
CITY-ST-ZIP	JACKSONVILLE FL 32223	
TITLE	DIR	<input type="checkbox"/> Delete
NAME	RADOMSKI, SANDY	
STREET ADDRESS	3704 CAROL ANN LANE	
CITY-ST-ZIP	JACKSONVILLE FL 32223	
TITLE	DIR	<input checked="" type="checkbox"/> Delete
NAME	LOKEY, TOM	
STREET ADDRESS	3611 CAROL ANN LANE	
CITY-ST-ZIP	JAX FL 32223	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	MARON, JENNY	
STREET ADDRESS	3620 CAROL ANN LN	
CITY-ST-ZIP	JACKSONVILLE FL 32223	
TITLE	D	<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	FLOYD, ROY A	
STREET ADDRESS	3711 CAROL ANN LN	
CITY-ST-ZIP	JACKSONVILLE FL 32223	

11. PRESIDENT/EDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	RONALD A. STIDHAM	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	3691 CAMERON CROSSING	
STREET ADDRESS	JAX FL 32223	
CITY-ST-ZIP		
TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JAMES LANGE	
STREET ADDRESS	3642 CAMERON CROSSING	
CITY-ST-ZIP	JACKSONVILLE FL 32223	
TITLE	SECRETARY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SANDY RADOMSKI	
STREET ADDRESS	3704 CAROL ANN LANE	
CITY-ST-ZIP	JAX FL 32223	
TITLE	TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KIM YANKO	
STREET ADDRESS	3678 CAMERON CROSSING	
CITY-ST-ZIP	JAX FL 32223	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *SIGNATURE REQUIRED*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*2/22/00*

Date

*904-292-2498*

Daytime Phone #

CR2E037 (9/99)