

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 19, 2002 8:00 am**  
**Secretary of State**

05-19-2002 90195 004 \*\*\*\*61.25

**DOCUMENT # N45820**

1. Entity Name

**CAMERON CROSSING OWNERS ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

2180 WEST SR 434  
 SUITE 2000  
 LONGWOOD FL 32779-5044  
 US

2180 WEST SR 434  
 SUITE 5000  
 LONGWOOD FL 32779-5044  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-3127160**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HART, JAMES W. JR**  
**2180 W SR 434 ST**  
**SUITE 5000**  
**LONGWOOD FL 32779-5044**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>STIDHAM, TONY</b> <b>3691 CAMERON CROSSING</b> <b>JACKSONVILLE FL 32223</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>RADOMSKI, SANDY</b> <b>3704 CAROL ANN LANE</b> <b>JACKSONVILLE FL 32223</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD</b> <b>LANGE, JAMES</b> <b>3642 CAMERON CROSSING</b> <b>JACKSONVILLE FL 32223</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>HOYD, PAT</b> <b>3685 CAMERON CROSSING</b> <b>JACKSONVILLE FL 32223</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BAKER, LINDA</b> <b>3615 CAROL ANN LANE</b> <b>JACKSONVILLE FL 32223</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <b>VANDERPOOL, GWEN</b> <b>11308 FAIRFOREST LANE</b> <b>JACKSONVILLE FL 32223</b>	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>HOYT, PAT</b> <b>3685 CAMERON CROSSING</b> <b>JACKSONVILLE, FL 32223</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>LOKEY, TOM</b> <b>3611 CAROL ANN LANE</b> <b>JACKSONVILLE, FL 32223</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Yanko, Kimberly (TD)</b> <b>3678 Cameron Crossing Dr.</b> <b>Jacksonville FL 32223</b>	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

**PAT HOYT**      **3/23/02**      **904-363-5450**  
 Date      Daytime Phone #

CR2E037 (9/01)